

Recommendation Form

Calvin College Alumni Scholarship

Sponsored by the New Jersey/New York Chapter of the Calvin Alumni Association

Applicant's Name: _____

Please provide your evaluation of the above-named applicant for a Calvin Alumni Association scholarship. All replies will be kept confidential.

1. Describe your relationship to the applicant:

2. Applicant's personal character:

3. Applicant's intellectual or academic ability:

Your name: _____

Title: _____

Signature: _____

Please return the completed form (or submit the requisite information in any manner convenient to you; however, the recommendation must be signed) by February 1, 2012 to:

NJ/NY Calvin Alumni Chapter Scholarship

c/o Barbara Dykhouse

741 Smoke Hollow Trl

Franklin Lakes, NJ 07417-1733

201-848-1798; *barbara@dykhouse.com*

If possible, the Scholarship Committee would appreciate a soft copy emailed to Barbara Dykhouse (*barbara@dykhouse.com*) with Calvin College in the subject line. Any questions about this process can be directed to her. Thank you.