

Sullivan-Deckard Scholarship Program Recommendation Form

Student Name: _____ Phone Number: _____
Please Print

School currently attending and School District: _____
Please Print

I support the application of _____ for the Sullivan - Deckard Scholarship Program.

Name of individual completing the recommendation form: _____

Relationship to the student applicant: _____

How long have you known the student applicant? _____

What do you consider to be this student's two greatest strengths?

- 1.
- 2.

What other attributes does this student possess that make you want to recommend her/him?

Additional Comments:

Signature of individual making recommendation: _____

Title: _____ Contact information: _____

Please return completed and signed application form, essay, letters of support, and recommendation forms to Jarrett Pratt, Office of Inclusion and Multicultural Engagement, Cleveland State University, 2121 Euclid Avenue, Rhodes Tower 1254, Cleveland, Ohio 44115 For additional information, email Jarrett Pratt, j.g.pratt@csuohio.edu or telephone – 216-687-9388.