

Doss Wahls Foundation

**RECOMMENDATION FORM**  
**The Doss Wahls Foundation Scholarship**

The student below is applying for the Doss Wahls Scholarship for undergraduate students demonstrating financial need. Your recommendation is needed as part of the application process.

Please complete this form and return it to **Doss Wahls Foundation, P.O. Box 3549, Highland Park, MI 48203.**

To be completed by applicant:

Name of scholarship applicant \_\_\_\_\_

School applicant will attend next fall \_\_\_\_\_

Major/primary field of study \_\_\_\_\_

To be completed by reference:

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant?

\_\_\_\_\_ Student \_\_\_\_\_ Employee \_\_\_\_\_ Other (specify) \_\_\_\_\_

Please rate the applicant in the following categories on a scale of 1 to 5 with 5 being the highest ranking and 1 being the lowest. You may also indicate "U" for unknown.

\_\_\_\_\_ Character \_\_\_\_\_ Volunteer Activity/Community Service

\_\_\_\_\_ Academic Performance \_\_\_\_\_ Work habits

\_\_\_\_\_ Leadership Abilities \_\_\_\_\_ Potential to achieve in chosen field

Scholarship Recommendation Statement: Please provide a statement of 150 words or less about why you think this candidate deserves this scholarship. Please see form on next page.

Doss Wahls Foundation

Doss Wahls Foundation

**Scholarship Recommendation:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Doss Wahls Foundation