



SARGENT SCHOLARSHIP LETTER OF RECOMMENDATION

Please return this form to the student to be included with their application prior to the application deadline of May 20, 2022, or mail to the address below postmarked by May 20. You may also email your recommendation to sargentpto@gmail.com. Please indicate the students name in the subject line: Scholarship Recommendation for Student's Name.

PTO Scholarship; Sargent Elementary, 29 Education Drive, Beacon NY 12508

_____ (Enter Student's Name) has made an application to compete for the Sargent PTO Scholarship.

Our ideal candidate will demonstrate an awareness of community, as evidenced by active involvement. In addition, the candidate should possess exemplary personal characteristics: honesty, courtesy, responsibility, empathy, tolerance, and respect for others.

Please briefly describe how you know this candidate, and how this person has demonstrated the above characteristics. Please use extra paper if necessary, or create the recommendation on a separate page.

Name: _____ Phone Number: _____

Signature: _____ Date: _____