

## CITIZENS BANK SCHOLARSHIP AWARD RECOMMENDATION FORM

As part of the selection process for the Warren E. Hansen, Sr. Memorial Scholarship Awards presented by Citizens Bank, applicants are required to provide two (2) recommendations. One may be from a faculty or administration member from the applicant's high school and the other a non-relative in the community.

**Applicant Instructions**: Before submitting this form to the person who you are asking to make a recommendation on your behalf, please complete the *Applicant Information and FEMA Waiver* section. Sign the waiver below if you wish to waive your rights under the Family Education Rights and Privacy (FEMA) Act of 1974.

**Respondent Instructions**: The person named below is making application for scholarship, and your time and insights will be helpful in the selection process. Please complete the *Recommendation Form* section below. Feel free to use additional sheets if needed to get all your thoughts down. Once complete, forward to the Scholarship Committee using one of contact methods listed at the end of form.

| APPLICANT INFORMATION AND FEMA WAIVER |   |  |  |
|---------------------------------------|---|--|--|
|                                       |   |  |  |
| Last Name                             | First Name                                      | High School  |  |
|                                       | Waiver by Applica                               | nt   |  |
| order to encourage the author to      | ghts and Privacy Act of 1974 to examine letters | ete the form below on my behalf. I understand my rights is received by the Citizens Bank Scholarship Committee. In a under the FEMA statute to any confidential statement the for consideration of my application. |  |
|                                       | Applicant's Signature                           | <br>Date   |  |
|                                       | Recommendation                                  | FORM   |  |
|                                       | nat capacity, have you known the applicant?     | capacity for contribution to their community or school?  |  |

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| Question 3: Based on your perso   | nal knowledge of the applicant, what is you | ur evaluation of their character, aptitude, and work habits? |  |  |
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| Question 4: Is there any additional information you feel would be helpful in evaluating this applicant as a recipient of a scholarship? |   |  |  |  |
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| The Scholarship Committee thanks you for taking the time to share your thoughts and insights about the applicant. Please provide the    |   |  |  |  |
| information below before forwarding your recommendation.  |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   | Respondent's Signature                      | Date   |  |  |
|   | Phone Number                                | Email Address  |  |  |
| SUBMIT COMPLETED RECOMMENDATION AND ANY ATTACHMENTS BY APRIL 7, 2024, TO:   |   |  |  |  |
| scholarship@citizenbank.bank OR MAIL TO SCHOLARSHIP COMMITTEE,  |   |  |  |  |
| ATTN: Community Relations Director, P.O. Box 223, Mukwonago, WI 53149   |   |  |  |  |
|   |   |  |  |  |
| FOR OFFICE USE ONLY   |   |  |  |  |
| Date Received   | Applicant Number                            | Recommendation 1 Recommendation 2                            |  |  |
|   |   |  |  |  |
|   |   |  |  |  |