

## PROGRAM RECOMMENDATION

Read and follow the instructions carefully prior to submitting your recommendation. Please do not return this completed form to the scholarship applicant.

You have been asked to submit a letter of recommendation on behalf of this applicant for the Kevin O'Boyle Scholarship. Please use this form as a guide when writing your letter of recommendation or you may simply answer these questions.

Mail to: Kevin O'Boyle Scholarship

Child and Family Advocates of Cuyahoga County

12200 Fairhill Road, Suite E193

Cleveland, OH 44120

Scan & Email to: info@cfadvocates.org

**Date** 

Fax to: (216) 301-2640

APPLICANT'S INFORMATION:		
Last Name	First Name	Middle Name
How do you know the ap	oplicant?	
Comment on the applica	nt's personal character and pote	ntial for future professional achievement.
What characteristics do	you consider their greatest attri	butes?
What concerns do you h	ave about the applicant, if any?	
Name (please print)		Signature
Name (please print)		Signature
Email		Daytime Phone