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ORGANIZATION OF ISTANBUL ARMENIANS

Scholarship Committee, 19726 Sherman Way Winnetka, CA 91306

LETTER OF RECOMMENDATION

***** CONFIDENTIAL *****

Section A - To be completed by applicant

Applicant's Full Name: _____

I hereby waive my right to have access to this recommendation.

Applicant's Signature: _____ Date: _____

Section B – To be filled by the person recommending the applicant (you may attach additional pages to complete you answers):

1) Please tell us how well, how long, and in what capacity you have known the applicant.

2) Please tell us your personal knowledge of the applicant's scholastic achievements, character, special abilities and any other outstanding qualities.

3) If the applicant is or was a student of yours, at what percentile of your class does or did he/she rank (e.g., top 10%)?

Signature: _____ Date: _____

Full Name: _____ Occupation: _____

Address: _____

Telephone: _____ E-mail: _____

Please mail this form by October 19, 2015 directly to:

Organization of Istanbul Armenians
Scholarship Committee
19726 Sherman Way
Winnetka, CA 91306