

School — Dean / Advisor / Principal

RECOMMENDATION FORM

Page 1 of 2

THIS PAGE TO BE COMPLETED BY STUDENT:

Student Name _____

EDUCATIONAL INFORMATION—COLLEGE Scholarship Applicant:

High School Attended _____

Location (City/State) _____

Future College or University _____

Location _____

Area of Study (Business, Arts & Sciences, Medicine, Music, Religion, etc.) _____

Will enroll as a full-time student (12 hours minimum) YES _____ NO _____

If less than 12 hours, please explain: _____

Classification (in the fall of 2019)

Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate Student ___ Other _____

EDUCATIONAL INFORMATION—MEDICAL SCHOOL Scholarship Applicant:*Please complete ONLY if enrollment is for the University of Oklahoma School of Medicine*

College where undergraduate was obtained _____

Year in Medical School _____

Anticipated Graduation Date _____

Authorization to release information:

I authorize (name of school) _____ to release my academic information to The Catholic Foundation of Oklahoma Scholarship Committee.

Student signature (parent signature required if student is under the age of 18)_____
DateThis **2-page Recommendation Form** must be completed and returned to the Catholic Foundation Office by**Friday, APRIL 5, 2019**

Completed forms may be mailed to:

The Catholic Foundation of Oklahoma, Inc.
Scholarship Program
PO Box 32180
Oklahoma City, OK 73123-0380

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Page 2 of 2

TO BE COMPLETED BY STUDENT:

Student Name _____

Parent(s) Name _____

Address _____ City _____ State ____ Zip _____

TO BE COMPLETED BY SCHOOL OFFICIAL: (information provided on this form will remain confidential.)

1. How long has this student been enrolled at your school? _____

2. What is his/her academic rank in the class? _____ Current GPA _____

3. Test Scores: SAT _____ ACT _____ MCAT _____

4. Please provide a summary of this student's participation in school organizations/activities:

5. In your opinion, will this student benefit from the type of post-high school education he/she has selected? YES ____ NO ____

6. How important is it that this student receive financial assistance in order to continue his/her education?

VERY IMPORTANT ____ AVERAGE IMPORTANCE ____ WILL BE ABLE TO CONTINUE WITHOUT ASSISTANCE ____

7. Specific recommendation or comment of student:

School Official Name _____ Title _____

Name of School _____

Address _____ City _____ State ____ Zip _____

Signature _____ Date _____

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