



## Valley TeleCom Group Educator's Recommendation Form

*This information may be written on a separate sheet, or in the form of a letter.  
Please answer all questions, sign and date the form or letter.*

Name of Applicant:

School:

Telephone #:

School Address:

How long and in what capacity have you known the applicant?

Please state why you feel this applicant is qualified and has a need to receive this scholarship.

Printed name of person  
completing this form:

Title:

Signature:

Date:

*Please return form to applicant for inclusion in application package.*

***Must be received by Friday, February 28th or applicant points will be deducted.***