



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 to receive this scholarship.

Printed name of person
completing this form:

Title:

Signature:

Date:

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

***Complete packet must be submitted electronically by Friday,
February 27th, 2026.***