



SCHOLARSHIP RECOMMENDATION FORM

_____ has applied for a KSB Scholarship and listed you as a reference. (This information will be treated in a confidential manner and will not be provided to the applicant named above).

1. How do you know the above named applicant?

If as an employee, position held?

2. How long have you known this applicant?

From:

To:

3. Would you recommend this applicant for this scholarship?

YES

NO

If no, why?

Please write a short paragraph describing why you feel this applicant would be deserving of this scholarship.

Information provided by:

Name/Title

Date:

****References for KSB Scholarships (Adult and High School) are due annually on 3/15/2024.****

. Please complete and return form to Abby Martin at KSB Hospital,
403 E. First Street, Dixon, IL 61021 or Fax (815) 285-5885.