



THE JOHN R. TURNER SCHOLARSHIP FUND

The dawning of a new day for Breathitt County!

Recommendation Form

Please use the back of this form and attach additional pages as necessary to discuss the reason you think the applicant would make a good John R. Turner scholarship candidate.

Student Name: _____
Last Middle First

Name(s) of Parent/Guardian _____
Last First

Person Making Recommendation _____

Phone Number _____

Occupation _____

How long have you known applicant? _____

In what capacity do you know the applicant? _____

Signature

Title

Date

Your recommendation is kept confidential and is for use by the Turner Educational Foundation only.

Turner Educational Foundation, PO Box 620, Jackson, KY, 41339