

THE JOHN R. TURNER SCHOLARSHIP FUND

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