

**HUNTSVILLE ALUMNAE CHAPTER
ACADEMIC TUITION SCHOLARSHIP
FACULTY RECOMMENDATION FORM**

Dear Faculty Member:

The student named below has applied for a scholarship from Delta Sigma Theta Sorority, Incorporated. Please complete the information below to assist in making this selection. All information provided will be treated in a strictly confidential manner. **Please enclose the completed form in an envelope and initial over the seal. Provide the properly secured envelope to the student for submission.**

Please type or print clearly using black ink only.

Name of Applicant: _____

High School: _____

Address of High School: _____

Faculty Member Name: _____

Capacity of Student Relationship: _____

How would you rank the applicant's chances for scholastic success? (circle one)

Outstanding Excellent Good Fair Poor

In the space provided below, briefly tell us why you feel that this applicant should receive this scholarship.

Signature: _____

Job Title: _____ Date: _____