The Alice & Murray Giddings Foundation, Inc.

LETTER OF RECOMMENDATION

CANDIDATE NAME:_____
FORM COMPLETED BY: _____
RELATIONSHIP TO CANDIDATE:_____

Please use the space below to comment on the candidate's strengths and qualifications for the Giddings Scholarship, specifically commenting on leadership skills exhibited by the candidate either in school or the community. Please type or print. If preferred, an actual Letter of Recommendation can be submitted with the Application.

SIGNATURE: _____