

# MARIST

# Endowed Scholarship

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## Recommendation Form

Student Name: \_\_\_\_\_ SID (8 Digits): \_\_\_\_\_  
(Student ID, Not Social Security Number)

Scholarship Name\*: *The Jonah and Joan Sherman Scholarship for Volunteer Outreach*

Staff/ Faculty Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone /Ext: \_\_\_\_\_

The above named student has applied for an endowed scholarship and is requesting you complete this recommendation form.

\* If you would like to review the scholarship criteria, please visit the website:

<http://www.marist.edu/financialaid/shermanscholarship.html>

Please list three reasons why you feel this student should be considered for the above scholarship.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Add Any Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit the completed form to the Office of Student Financial Services, Donnelly 200  
or E-Mail to [studentfinancialservices@marist.edu](mailto:studentfinancialservices@marist.edu)