

Recommendation Form Healing Arts Institute Massage Scholarship

Please type or print:

Name of scholarship applicant: _____

Length of time you have known applicant: _____

How are you associated with applicant? _____

Please make a statement about the applicant in the following areas:

Character: _____

Ambition: _____

Background: _____

How would you assess the applicant's chance for success in his/her chosen field?

Please give any additional information that would be helpful to the selection committee:

Signature: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____