

**THOMAS A. WHELAN MEMORIAL SCHOLARSHIP
& CITIZENS BANK OF WESTON AWARD FOR ACADEMIC EXCELLENCE**

Recommendation Form #1

APPLICANT: Please complete parts 1 and 2. Give this form to the person you ask to make a recommendation on your behalf.

NAME: _____ **SOCIAL SECURITY#** _____

1. The Citizens Bank of Weston Scholarship Selection Committee requires two recommendations. One may be from a member of the faculty or administration at Lewis County High School and one from a non-relative in the community to whom you are well known. Applicant should give one copy of this form to each person who is requested to make a recommendation. Please ask that person to MAIL or HAND DELIVER this form to the Chief Executive Officer, The Citizens Bank of Weston, 201 Main Avenue, P. O. Box 310, Weston, WV. Sign on the line below only if you wish to waive your rights under the Family Education Rights and Privacy Act of 1974.

WAIVER BY THE APPLICANT

2. I have asked _____ to complete this form. I understand my rights under the Family Educational Rights and Privacy Act of 1974 to examine letters received by you on my behalf. In order to encourage the author to write with candor, I waive the right of access under the aforesaid statute to any confidential statement the writer may submit. I understand the execution of the waiver is not a condition for consideration of my application.

Applicant's Signature Date

3. Dear Respondent:

The above-named person is making application for scholarships to be presented by The Citizens Bank of Weston. Our application process requires that the applicant ask you to complete the questions on the reverse of this form. Should you need additional space for your responses, please attach other sheets. Your information will help our Selection Committee make this important decision.

Please complete this form and mail or hand deliver to: The Chief Executive Officer, The Citizens Bank of Weston, P. O. Box 310, 201 Main Avenue, Weston, WV 26452, no later than April 1st.

Thank you for your assistance.

APPLICANT'S NAME:

1. How long and in what capacity have you known the applicant?

2. Do you feel the applicant has potential for leadership, and a capacity for contribution to his or her community or school?

3. Please give your evaluation of the applicant, including your knowledge of applicant's qualities of character,

aptitude and work habits.

4. Please feel free to provide any additional information you believe would be helpful in our evaluation of this applicant.

Signature _____ Date _____

Address:

Title or Position:

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