

XIT Rural Telephone Educational Program

Scholarship Recommendation Form

INSTRUCTIONS

- ① Please Print or Type
- ② Application must be in Dalhart office by 5:00 p.m., Friday, January 15, 2016.

Name of Applicant _____

High School _____

City _____ State _____ Zip _____

Telephone Number _____ E-mail _____

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

Please fill out this recommendation and return to applicant.

All applications must be in Dalhart HQ office no later than 5:00 p.m., Friday, January 15, 2016.

Please state why you feel this applicant is qualified to receive this scholarship. You should testify to the applicant's talent, financial need and seriousness of purpose.

Name of Person Completing Form _____

Title _____

Signature _____ Date _____

Please return form to applicant!