**Alumni Scholarship Recommendation Form
Note to preparer:** This form must be typed except signature and date which must be printed.

**Applicant Information**

Student Name:

Current University:

Session Abroad (Spring, Fall, Summer I or II, etc):

I hereby authorize this form to be completed and sent to SAIIE and waive my rights of access to this information.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

Full name **(Block capital letters)** Signature Date

**For the Recommender**

Recommender’s Name: Position:

University/College: Email:

Telephone:

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

I hereby certify that this applicant is applying for the SAIIE scholarship noted above. Your confidential report of the applicant´s background will provide us the information which will help us better understand the applicant´s qualifications and merit. Please attach a letter of recommendation based on your experience with this student.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

Full name **(Block capital letters)** Signature Date