DR. KEN MAGID CHILD ADVOCACY SERVICE SCHOLARSHIP

RECOMMENDATION FORM

Name of applicant you are recommending:_____

Your name:_____

In what capacity and for how long have you known the applicant?

_____
_____
_____
_____

Read the description of the service trip attached and give your candid appraisal of the applicant's suitability for volunteer service abroad. If possible, include examples to substantiate your opinions.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

We must have a method to contact you. Please provide the following.
Your phone: _____
Your email: _____

Return this form to the applicant who will submit it with his/her application.

THE UNIVERSITY OF IOWA
Alumni Association
Iowa Voyagers