

Recommendation for Jane M. Klausman Women in Business Scholarship

Please return this form	by:			_		
	Applican	Applicant's Signature is required (Insert image of your signature or print, sign and scan this page.)				
Applicant:						
Last (Fa	mily) Name	Fi	rst	N	/liddle	
Recommendation from:						
		Name	Position/Title			
	Colleg	ge/university/instit	ute/business/orga	nization		
Business Scholarship Ev ccomplishments; curre bility to organize and e field. You may write you		eatly values and ap r work experience; eativity; motivation er on letterhead of	preciates your opini intellectual indeper ; and potential for l	ion. Please discuss ndence; capacity fo earning and succee	the applicant's	
How long have you kn	own the applicant?					
Please rate the applica	nt with respect to your	experience with o	ther students/empl	oyees in this field/	position:	
Exceptional Top 5%	U Very Good Next 10%	Good Next 15%	Average Next 30%	Below Average Last 40%	Insufficient opportunity to observe	
Signature is required (Inser	t image of your signature o	or print, sign and scar	n this page.)	Date		
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