



FLORIDA TRIO (FLTRIO) RECOMMENDATION FORM FOR SCHOLARSHIP APPLICANT
Postmark deadline is Friday, April 7, 2017

SUPPLEMENTAL FORM 14-1
(FROM TRIO STAFF MEMBER)

Applicant's Name _____

The individual named above has indicated that you would provide a letter of recommendation in support of his/her application for a Florida TRIO (FLTRIO) Scholarship. Using this form, *(or you may also add an attachment)*, please indicate in what capacity and to what extent you are familiar with the applicant's academic background; civic, community and/or educational contributions; honors or awards received; and, such other information that you deem pertinent to this applicant's FLTRIO Scholarship Award recommendation. The applicant can provide you with the eligibility criteria for the scholarship. Please complete and include this form if submitting a separate letter. Thank you.

Name (typed) _____ Title & Program _____

Institution _____

Address _____
STREET CITY STATE ZIP CODE

Business Phone () _____

Signature _____

Date _____

You may return this form to the applicant in a sealed envelope or mail directly to the Florida TRIO Scholarship Committee Chair, Rowina Petion, whose contact information is listed herein. If returning to the applicant, please allow ample time for the applicant to meet the April 7th postmark deadline. Thank you.

Palm Beach State College
Rowina Petion Student
Support Services 4200
Congress Ave
MS#28
Lake Worth, FL 33461-4796



FLORIDA TRIO (FLTRIO) RECOMMENDATION FORM FOR SCHOLARSHIP APPLICANT
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SUPPLEMENTAL FORM 14-2
(FROM NON-TRIO PERSONNEL)

Applicant's Name _____

The individual named above has indicated that you would provide a letter of recommendation in support of his/her application for a Florida TRIO (FLTRIO) Scholarship. Using this form, *(or you may also add an attachment)*, please indicate in what capacity and to what extent you are familiar with the applicant's academic background; civic, community and/or educational contributions; honors or awards received; and, such other information that you deem pertinent to this applicant's FLTRIO Scholarship Award recommendation. The applicant can provide you with the eligibility criteria for the scholarship. Please complete and include this form if submitting a separate letter. Thank you.

Name (typed) _____ Position _____

Institution _____

Address _____
STREET CITY STATE ZIP CODE

Business Phone () _____

Signature _____

Date _____

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