

Archbishop McNicholas High School

Scholarship Recommendation Form for McNicholas Scholarship Program

Due to the Director of Admissions by **Thursday, February 28, 2019**

Section 1 To be completed by the Applicant

Applicant Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Section 2 To be completed and submitted to Director of Admissions by the Teacher

Teacher Name _____

Relationship to student _____

Years acquainted _____

Why do you recommend this student for a McNicholas scholarship or grant? Please speak to their character, academic success, leadership and commitment to Catholic education. Feel free to add an attachment, if needed.

Teachers: Please submit directly to the Director of Admissions through one of the following options:

- Email: cmullis@mcnhs.org
- Mailbox