

## St. Paul's Church Scholarship Letter of Recommendation Form

Student's Name: \_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Your name: \_\_\_\_\_ email: \_\_\_\_\_

**Please circle your relationship to the student:**

Unrelated, adult member of St. Paul's      Teacher      Counselor      Activity Advisor      Coach

**Please mail this to:** St. Paul's Church Scholarship Fund    1710 East Superior Street    Duluth, MN 55812

**Or email to:** [bookkeeper@stpaulsduluth.org](mailto:bookkeeper@stpaulsduluth.org)

**Please respond to one of the prompts below:** Feel free to attach your letter as a separate/additional page.

For an adult church member: Please describe, from your perspective, how this student has been actively involved at St. Paul's Episcopal Church.

For a high school teacher, counselor, coach: Please describe the qualities of this student that support their application to the St. Paul's Scholarship.