"Light Up a Life" Scholarship Sponsored by the Auxiliary to Greenville Health System (GHS).Prisma Health System

LETTER OF RECOMMENDATION FORM

Applicant's Name:			
	First	MI	Last
Please share with t	the Scholarship Committee	what your relations	hip is to the applicant and wh

Please share with the Scholarship Committee what your relationship is to the applicant and why you would recommend the applicant as a potential scholarship recipient. Specifics other than the objective data presented on the high school transcript will be especially helpful.

(Please	Print)
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Name of Person doing the Recommendation	: First	MI	Last
Phone: ()	Title/Position:		
Signature: Once completed please return to the applica		Date:/_ return in a seal	