

FOR STAFF USE ONLY:
RECOMMENDATION FORM
CAMPUS ID:
YEAR:



AN HONORS UNIVERSITY IN MARYLAND

Applicant's Name: _____

Indicate which Scholars Program you are applying for below (one form per letter):

- | | |
|---|--|
| <input type="checkbox"/> CWIT | <input type="checkbox"/> Sondheim Public Affairs |
| <input type="checkbox"/> Cyber Security | <input type="checkbox"/> Sherman STEM Teacher |
| <input type="checkbox"/> Humanities | |
| <input type="checkbox"/> Linehan Artist | |

The above listed student has requested that you provide a letter of recommendation in support of their application to join a scholars program at UMBC. Please complete the information below and include this form along with your letter of recommendation. Both documents should be returned to the UMBC Office of Financial Aid and Scholarships. The documents can be sent to our office via fax (410-455-3322) or to the address listed below:

UMBC
ATTN: Scholars Program Application
Office of Financial Aid & Scholarships
1000 Hilltop Circle
Baltimore, MD 21250

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Thank you in advance for your support of this student.