



**BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE**



SCHOLARSHIPS

THE DOOR TO OPENING DOORS

LETTER OF RECOMMENDATION REQUEST

Applicant's Name:

The above named individual is applying for an academic scholarship through Boys & Girls Clubs of Greater Scottsdale and is required to submit a letter of recommendation from a leadership staff member of BGCS. We invite you to share some of this applicant's qualities that you believe would be helpful in our decision-making process. This information will be kept confidential.

Please return your letter to the applicant to be uploaded as part of the application process for the following scholarship.

Scholarship: <input type="checkbox"/> Auxiliary of Boys & Girls Clubs of Greater Scottsdale <input type="checkbox"/> BGCS Hope Academic Scholarship <input type="checkbox"/> Parsons Scholar	Deadline:
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Parent/Guardian Permission for Information Release

Parent/Guardian Signature:	Date:
Student Signature (If 18 or older)	Date:

Learn more about Boys & Girls Clubs of Greater Scottsdale's scholarship opportunities at www.bgcs.org/scholarships.

ADMINISTRATIVE OFFICES

10533 E. Lakeview Drive
Scottsdale, AZ 85258
(480) 344-5520 | info@bgcs.org
 @bgcgs | www.bgcs.org



BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE



SCHOLARSHIPS

THE DOOR TO OPENING DOORS

TEACHER RECOMMENDATION REQUEST

Applicant's Name:

The above named individual is applying for an academic scholarship through Boys & Girls Clubs of Greater Scottsdale and is required to submit a letter of recommendation from a high school teacher. We invite you to share some of this applicant's qualities that you believe would be helpful in our decision-making process. This information will be kept confidential.

Please return your letter to the applicant to be uploaded as part of the application process for the following scholarship.

Scholarship: <input type="checkbox"/> Auxiliary of Boys & Girls Clubs of Greater Scottsdale <input type="checkbox"/> BGCS Hope Academic Scholarship <input type="checkbox"/> Parsons Scholar	Deadline:
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Parent/Guardian Permission for Information Release

Parent/Guardian Signature:	Date:
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