



Massapequa Soccer Club 2017 Scholarship Recommendation Form

Applicant Name _____

Program _____

Advisor _____

Dear Advisor,

This recommendation letter is **confidential** and **will not be seen** by anyone within the club. Please return this form in a **sealed envelope with the applicant's name on the front and the program name** to:

Kathy Hillger
91 Harbor South
Amityville, NY 11701
ATTN: Scholarship Committee – Confidential

Applicant Information:

Number of years involved in the program _____

If less than one year, please specify, in days or hours, approximate
Service time _____

Please check the appropriate rating for each specific contribution:

Contribution	Outstanding	Reliable	Somewhat reliable	Erratic
On time				
Professionalism				
Role-model to children				
Initiative				
Works well with peers				
Completes assigned tasks				
Decision-making ability				

Comments :