

RECOMMENDATION FORM
2024-2025 ROBERT G. & MARY ELEANOR ANDERSON SCHOLARSHIP

Applicant's Name _____

Reference Information

Name _____

Address _____

Telephone Number _____

Please provide a brief evaluation of the candidate's work in theatre and/or in other disciplines. Please indicate the candidate's potential for completing the undergraduate degree and for future success in a theatre or theatre-related profession. We will appreciate your providing specific information. Please feel free to use the reverse side of this sheet. [Deadline for receipt of recommendation: Saturday, May 4, 2024]

Reference's Name and Position

Reference's signature and date

Please mail this recommendation to:

Mrs. Paula C. Mabry
Anderson Scholarship Committee
109 Dover Court
Starville, MS 39759

Inquiries? Contact:

Ms. Mabry
662-418-5651
paula.mabry@gmail.com

