



Recommendation Form

Fall 2018

Instructions to the Applicant: Please select a teacher, school official or community member who can answer the questions below. Your reference **should not be** a friend, a member of your family or household or the school official who assisted you in completing your Application and Financial Validation forms. Contact information must be included below.

Student Applicant:	
First Name:	Last Name:
Date of Birth (DD/MM/YYYY):/	
Instructions to the Person Providing the Recom	nmendation: Please complete the form below. You may
accurate and add any additional notes about how best to an e-mail attachment (MSWord or PDF) directly to the ap	exceed that. Please be sure that the contact information is contact you, should the need arise. Send this completed form as a plicant. Typed responses are preferred (e.g., use a computer to ocument in handwriting, please ensure it is clearly legible.
Person Providing the Recommendation (Reference):	
Title:	_
First Name:	_
Last Name:	
E-mail:	
Alternate E-mail:	<u> </u>
Mobile Phone:	<u> </u>
Other Telephone:	
How do you know the applicant?	
How long have you known the applicant?	





Student Applicant:

First Name:	Last N	lame:	
Date of Birth (DD/M	/////////////////////////////////////		
	f The Mastercard Foundation Scholars Program mic and leadership potential who also face signi	is to provide support to African students with ficant financial barriers to pursuing a post-seconda	ary
	Question 1b of the The Mastercard Foundatio	leadership or community engagement project(s) i n Scholars Program at McGill University	in
	mment on the quality of the outcome(s) and desc ant exceptional?	cribe the applicant's role in the initiative(s). What n	nakes
Signature of Refere		 Date	
Printed First and La	ast Name		2