



Scholarship Recommendation

Tel: (800) 266-4441

Fax: (480) 557-7926

www.GoWithCEA.com

Applicant Information:

Student Name: _____

Scholarship: _____

Session (*Summer, Fall or Spring*): _____

I hereby authorize this form to be completed and sent to CEA and waive my rights of access to this information.

Signature: _____ Date: _____

For the Evaluator:

Evaluator's Name: _____

Position: _____

University/College: _____

Telephone: _____ Fax: _____

How long and in what capacity have you known the applicant? _____

This applicant is applying for the CEA Scholarship noted above. Your confidential report of the applicant's background will provide us with information which will help us better understand the applicant's qualifications and merit. Please attach a letter of recommendation based on your experiences with this student.

Signature: _____ Date: _____

Return completed recommendation form to:

Fax: 480-557-7926

Email: Academics@GoWithCEA.com

Mail: 2005 West 14th Street, Suite 113, Tempe, Arizona 85281-6977