



701 Decatur Avenue N. Suite 105
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 www.nlassn.org

Return by January 31, 2023

Student Scholarship Recommendation Form

(To be completed by student's teacher, guidance counselor, or a lumber yard owner or manager.)

Student Name:					
City:		State:			
Name of high school that student attends:					
City:		State:		Zip:	
Name of reference completing form:				Relationship to student:	
Reference's phone:		Reference's fax:		Reference's email:	
REFERENCE – PLEASE COMPLETE GRID BY PLACING “X” OR COMMENT IN SPACES BELOW					
	Outstanding	Excellent	Good	Fair	Poor
Attitude/Cooperative Spirit					
Dependability/Responsibility					
Desire to Learn					
Vocational/Professional Potential					
Work Ethic					
Work Attendance Record					
Other Remarks					
Signature			Title		
				Date	

Questions -Contact Connie Johnson at (763) 595-4045 or cjohnson@nlassn.org

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