F O U N D E D 1 9 2 6

Western Springs Garden Club

SCHOLARSHIP APPLICANT'S ADVISOR/TEACHER RECOMMENDATION FORM

DEADLINE: FRIDAY, FEBRUARY 14, 2025

Student's Name _____

Why do you believe this student merits this scholarship? _____

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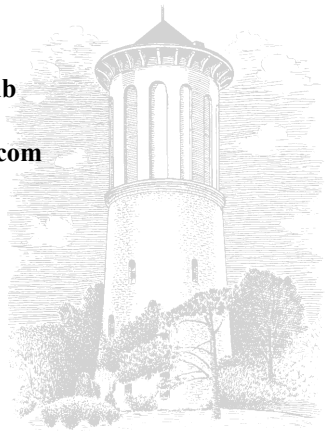
Signature _____ Date _____

Title _____ School _____

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