



THE CITADEL

FINANCIAL AID

DR. THURMAN COUNCEL SPARKS SCHOLARSHIP

Recommendation Letter

Name of Student: _____

Address of Student: _____

Check if your recommended student is an orphan

High School Name: _____

Anticipated High School Graduation Date _____

Recommendation: _____

(Please attach paper if extra space is required)

Name (print): _____

Title: _____

Phone #: _____ **Email:** _____

Signature: _____ **Date:** _____