

Bob Hammel/Jane Hammel Priest Scholarship

(To be completed by High School Guidance Counselor.)

Student Name: _____

Student's Rank in Class _____ Size of Class _____

1) What do you think makes this student special among applicants:

2) What is your projection of this applicant's future:

3) Additional Comments:

Your Signature: _____ Title: _____ Date: _____

*Please type or print your name:

*School Telephone Number: _____ * Best time to call:

Please mail to the following: Indiana University Foundation
C/O Scholarship Coordinator
Post Office Box 500
Bloomington, Indiana 47402-9983