

# Bob Hammel/Jennie B. Wilson 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?

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

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3) Additional Comments:

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Your Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please type or print your name: \_\_\_\_\_

\*School Phone 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