

Due Date: June 1, 2025
 Association of Information Technology Professionals (AITP) Omaha Chapter
 In partnership with AIM
 Scholarship Recommendation (FORM B)

Student Name: _____

Student Email: _____ Student Phone: _____

Recommender Name: _____

Title: _____ Relationship to Applicant: _____

Please select the ratings for the items below that best describes the applicant.	No Basis	Fair	Good	Excellent
Creativity, Original Thought				
Independence, Initiative				
Effective Communication				
Discipline, Work Habits				
Leadership				
Team Player				
Responsible				

Additional Comments (attach a letter if desired): _____

Sign or type your signature below:

Recommender: _____ Date: _____

Email Address: _____ Phone: _____

Send the completed recommendation to: Melissa Flannery Bellevue University 1000 Galvin Road South Bellevue, NE 68005	Or e-mail to: flannery@bellevue.edu
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