



**“Give Back to Quizzing Scholarship Application  
 Recommendation Form  
 Due by May 18, 2020**

Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Scholarship applicant’s name: \_\_\_\_\_

Please explain your relationship with the applicant, what you have observed the applicant doing to support teen Bible quizzing during this past year, etc.:

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If additional space is needed to answer any of the questions, please feel free to attach additional pages to this application.

Please do not return this form to the student. The completed recommendation form should be forwarded to the regional quiz director by fax, mail, or email.

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