Due Date: June 1, 2023

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: Rela	tionship to Applica	nt:		
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: Send the completed application to: AITP Scholarship Committee P.O. Box 583	Phone: Or e-mail to: flannery@bellevue.edu			
Omaha NE 68101				