CONFIDENTIAL RECOMMENDATION FORM
THE MIKKELSON FOUNDATION SCHOLARSHIP

Must be received by April 10, 2026

Applicant: _____

Recommender's Name and Position: _____

Recommender's Relationship to Applicant: _____

Attach a recommendation letter if desired, but please rate the applicant in the following areas:

Written and spoken communication and listening skills:

Initiative and achievement:

Integrity and dependability:

Collaborative work skills:

Overall academic capability compared to current or former students:

Do you know of any special circumstances or financial needs of this person?

Additional comments (Please attach a letter if needed):

Signature_____ Date:_____

Please provide this document in a sealed envelope to include with the student's application or return by **April 10, 2026** directly to:

The Mikkelson Foundation
P.O. Box 768
Monument, CO 80132

Applicant cannot be considered for the scholarship if this form is not returned.