



DABROWSKI FOUNDATION

formerly Knights of Dabrowski

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CRUSADE FOR EDUCATION

Financial Aid Application



LETTER OF RECOMMENDATION

I. To be completed by the student/applicant.

Name of Student/Applicant _____
First Middle Last

I waive the right to inspect this confidential recommendation when it becomes a part of my file at the Dabrowski Foundation.
I understand that, according to the Family Educational Rights and Privacy Act of 1974, this waiver is optional.

Student's Signature _____ Date _____

II. To be completed by professor, employer or someone of similar capacity/relation to applicant.

The financial aid administered by the Dabrowski Foundation is awarded to students who show career promise and financial need. As part of the application process, students are required to submit letters of recommendation from individuals who can comment on the academic achievements, personality, character, as well as any special gifts or talents observed as unique.

We would appreciate your insight regarding the following dispositions of the student/applicant:

Motivation:

☐ Excellent ☐ Very Good ☐ Average ☐ Poor

Responsibility:

☐ Excellent ☐ Very Good ☐ Average ☐ Poor

Ability to collaborate with others:

☐ Excellent ☐ Very Good ☐ Average ☐ Poor

Ability to analyze problems with others and formulate solutions:

☐ Excellent ☐ Very Good ☐ Average ☐ Poor

Additional comments and overall recommendation: _____

Signature _____ Title/Position _____ Date _____

Printed Name _____ Email Address _____

Relationship to Applicant (*i.e., teacher, employer*) _____ Telephone Number _____

Address _____
Street City State Zip

Thank you for your cooperation and taking the time to provide your comments and recommendations.

**Please return the completed Letter of Recommendation to the student in a sealed envelope with your signature over the seal of the envelope flap,
OR by mail no later than MAY 15, 2024, via USPS Regular First-Class mail to:**

**Dabrowski Foundation
P.O. Box 526
Itasca, IL 60143-0526**