



# Intercollegiate Studies Institute

## The William E. Simon Fellowships for Noble Purpose Letter of Recommendation Form

### To be completed by the applicant to the Simon Fellowships Program

Name of applicant \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974, do you waive your right to review your recommendation? \_\_Yes \_\_No

Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by respondent

The above-named person has applied for the William E. Simon Fellowships for Noble Purpose offered by the Intercollegiate Studies Institute. Your name has been provided as a reference. We ask that you give us information that will help ISI and its panel of judges to evaluate the applicant's qualifications for this award. Please return this form to ISI by **January 16** of the year in which the scholarship will be awarded.

*Please address the following:*

How long and in what capacity have you known the applicant?

How do you view the applicant's academic abilities?

Does the applicant demonstrate a mature conception of and passion for what s/he hopes to accomplish?

*Please attach your letter of recommendation to this form.*

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution and Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to:

Simon Fellowships  
Intercollegiate Studies Institute  
3901 Centerville Road  
Wilmington, DE 19807

*For more information call (800)526-7022 or email [simon@isi.org](mailto:simon@isi.org)*