2014-15 Theatre Recommendation Form



3003 SNELLING AVE. NORTH | ST. PAUL, MN 55113-1598 | 651-286-7495 | FAX 651-631-5124 | dcrainbow@unwsp.edu | unwsp.edu/theatre

To be completed by reference: Scholarship Applicant							
	The student whose name is listed above has applied for a theatre scholarship at University of Northwestern. Your report on the applicant's qualifications will be reviewed during deliberations. Thank you for any information that you can provide.						
1.	Please indicate your relationship to the student as it relates to theatre:						
2.	How long have you known the applicant in this context?						
3.	In what areas of theatre have you directly been involved with this applicant's work?						
4.	What is your assessment of the applicant's ability/knowledge in these areas?						

Please return to:

University of Northwestern Theatre Department

Attn: Dr. Don Rainbow 3003 Snelling Ave. North St. Paul, MN 55113-1598 Local: 651-286-7495
Toll Free: 866-853-2455
Fax: 651-631-5124
unwsp.edu/theatre

ature of reference Date	lease use this space for other comments	you wish to make. (You may attach a le	tter if more comme	ents are desire	d.)
	ure of reference		Date		
Title Phone ()					

Please return to:

University of Northwestern Theatre Department

Attn: Dr. Don Rainbow 3003 Snelling Ave. North St. Paul, MN 55113-1598 Local: 651-286-7495
Toll Free: 866-853-2455
Fax: 651-631-5124
unwsp.edu/theatre