

## Deloitte Foundation & Pace University Accounting Scholars Program Application Recommendation Form

## Two recommendations are required

To be completed by Applicant:	
Name:	U Number:
Email address:	
Signature of Applicant:	Date:
* *	sked that you provide a letter of recommendation for olarship. Please complete both sides of this form and
Ms. Maribel Garcia Program Coordinator Accounting Department Pace University 1 Pace Plaza, 4th Floor New York, NY 10038 212-618-6412 mgarcia7@pace.edu	
If you wish to use a letter or different format, p	please feel free to do so. Thank you for your assistance
Name of Recommender (please print):	
Signature of Recommender:	Date:
Position or Title:	
School or Affiliation:	
Address:	
Telephone: ()	

Email address:

In what capacity have you known the applicant?		
What is your overall recommendation for this candida Program Scholarship and why?	ate to receive the Deloitte Accounting Schola	
☐ Strongly recommend☐ Recommend with some reservation	□ Recommend □ Do not recommend	
What are the applicant's primary strengths and weakn instances or accomplishments which demonstrate ther	nesses? If possible, please describe specific m	
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