

THIS FORM **MUST** ACCOMPANY THE APPLICATION PACKET AND MUST BE SUBMITTED BY July 31, 2021.

NON-RELATIVE ADULT MUSLIM RECOMMENDATION FORM

(This form must be duplicated if two recommendations are needed)

APPLICANT'S NAME: _____

(NOTE: This form must be completed and submitted with application **by midnight, July 31, 2021.**)

Directions to Adult Muslim:

This student has applied to the Women's Committee of Masjid As-Saffat Halimah Mujahid Scholarship Fund. Please relate your evaluation of the student's Islamic character. Please also discuss your assessment of the student's commitment to a Muslim community and/or any youth organizations (if this information is observable by you). Finally, please comment on the student's potential for growth in the educational institution he/she has chosen. You may use the reverse side or an additional sheet of paper if necessary and attach it to this sheet.

How long have you known student? _____ In what capacity? _____

Signature of Adult Muslim

Date