

Advisor's Form  
for  
AFTRA/Dan Mallinger Memorial Scholarships  
625 Stanwix Street, Suite 2007  
Pittsburgh, PA 15222  
(412) 281-6767

This form is to be filled out and mailed separately by one of the following:

Your Principal \_\_\_\_\_ Grade Advisor \_\_\_\_\_ College Advisor \_\_\_\_\_

Be sure to give it to the proper person in plenty of time so we will receive it by May 1st.

Provide him/her with a stamped envelope addressed as above to the attention of the Trustees. If we do not receive all supporting material by May 1st, we will not be able to process your application.

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Student's Name \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what connection?

\_\_\_\_\_

Has the applicant ever been suspended? If so, please explain

\_\_\_\_\_

What is your appraisal of the applicant?

\_\_\_\_\_

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Submitted by: _____
(Please Print or Type)
Signature: _____ —
School: _____
Address: _____ —
Date: _____