

ILLINOIS MATHEMATICS ASSOCIATION OF COMMUNITY COLLEGES
THE IMACC MEMORIAL FUND SCHOLARSHIP
REQUIRED FACULTY RECOMMENDATION FORM

I hereby recommend _____ for the IMACC Memorial Fund Scholarship. My recommendation is supported by the following comments. (Please continue on an additional sheet if necessary.)

Please check one of the following:

_____ I am currently a member of IMACC.

_____ I am NOT a member but the college of my employment is an institutional member.

Date _____

Your name printed _____

Position _____

College or University _____

Email address _____

Signature _____

Mail four copies of this recommendation to be received by the March 1st deadline to:

Angie Gum, Math Department
Lincoln Land Community College
5250 Shepherd Road, P.O. Box 19256
Springfield, IL 62794-9256