THE FOLLOWING FORM IS TO BE COMPLETED BY YOUR

DCFS CASEWORKER OR INDEPENDENT LIVING SOCIAL WORKER

The undersigned approves of the application of _____
For the Otto A. Huth Scholarship.

Date foster teen entered DCFS custody: _____

Please describe, in detail, why you feel that the above applicant is a good candidate for consideration.

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Signature Date

_____ _____ _____
Printed Name Telephone Email Address