



Johnston Ziegler Youth Leadership Scholarship
Recommendation Form

Please email this form to TeenHealthConnection@TeenHealthConnection.org with the subject of the email "JZ Award."

Name of Student: _____

School: _____

Name of Person Recommending the Student: _____

Relationship to the Applicant: _____

Contact Information (Email or Phone): _____

Please answer the following questions:

1. How has the student demonstrated leadership, advocacy, or service to the community.

2. Why should this student receive the \$1,000 scholarship?

Signature: _____

Date: _____