

## **REFERENCE FORM**

## **SCHOLARSHIP APPLICANT:**

First Name: \_\_\_\_\_

\_Last Name: \_\_\_\_\_

## **RECOMMENDATION:**

Include examples of qualities the candidate possesses and reasons you feel this person should be considered for an Auxiliary and Volunteer Services Scholarship (e.g., dependable, hard worker, honest, able to work with others, punctual for appointments/assignments, etc.).

<b>REFERENCE INFORM</b>	IATION:	
Your Name (please print):	P	hone Number:
How many years have you kn	own the applicant?	
Less than 6 months	□ 1 Year	□ 5 Years
$\Box$ 6 months to 1 year	□ 3 Years	□ 5-Plus Years
Relationship to Scholarship A (Reference provider must be	pplicant: 8 years or older and a non-family member to	qualify as a reference.)
Teacher	Neighbor	□ Friend
Counselor	□ Instructor (music, dance, etc.)	Volunteer Director
□ Pastor	Supervisor	Club Leader
	Co-Worker	Medical Professional
Church Member	Co-worker	

I verify the above information is accurate and recommend the named scholarship applicant for the Auxiliary and Volunteer Services 2020 Scholarship program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference letters are accepted if the above information is included along with your original signature. *Email references will not be accepted. Thank you!*