



REFERENCE FORM

Your Name:

Relationship to applicant:

Applicant's Name:

In the space provided, please provide information regarding the applicant's character, personality, work habits, length of your relationship, and any other information you feel would be helpful. **Completed letters must be received by the office by May 1, 2020, or the application will be incomplete.**

By signing below, I certify that the information I have provided in this application is true and correct to the best of my abilities.

Signature:

Date:

Completed reference letters must be directly submitted to the foundation by the writer via email (foundation@ststephensmonona.org, subject line: Foundation Scholarship), by US mail (St. Stephen's Lutheran Church Foundation, Inc., 5700 Pheasant Hill Rd., Monona, WI 53716, ATTN: Foundation Scholarship), or they may be dropped off during office hours (M-Th 8:30-2). **Reference letters should not be returned to the applicant.**