YOUR PASTOR'S REFERENCE

Please give this your immediate attention. Complete and return by **October 31, 2016** for 2016-2017 academic school year; or, **April 1, 2017** for the 2017-2018 school year to: **Scholarship Allocation Committee c/o Mary Craaybeek, 64585 Fair Rd., Sturgis, MI 49091**

Applicant's Name_____

Address_____ City _____Michigan _____

Has applied for the Lutheran Women's Missionary League scholarship. Your letter is required to have her application considered.

How long have you known this student?

_____

By the activities of this applicant does she show that she would be a good candidate for a full-time church worker? Why do you feel she is worthy of this scholarship? Please make any other comments or observations you may have about this applicant.

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Signature_____

Address_____

Date _____

You may use the back for additional space.

Revised 7/24/14