

NON RELATIVE REFERENCE Please give this your immediate attention. Complete and return to Scholarship Allocation Committee, c/o Carol Swenson, VP Mission Outreach, 822 W. Huron Ave., Vassar MI 4768.

Applicant's Name _____

Address _____ City _____ Michigan _____

Has applied for a Lutheran Women's Missionary League scholarship and has given your name as a reference.

How long have you known this student? _____ Relationship to student? (Teacher, friend, etc) _____

Does she show by her life, conduct and activities in the church that she loves the Lord? If so, how? _____

Do you think she has the talents needed for her career choice? (Why?) _____

Does the family have other children attending school away from home?

Do you know of any illness, disability, or lack of employment in the family that makes financial help more urgent? Give details.

To the best of your knowledge, is she in need of financial aid? Yes _____ No _____

Would you recommend that she receive a scholarship? Yes _____ No _____

Comments: _____

Any additional comments or observations on the above named student or family? You may use the back if necessary.

Signature _____

Print Name _____

Address _____ Date _____