

FCA LEADERSHIP TRAINING SCHOLARSHIP FUND

Personal Reference Form
(Please submit by June 30)

Scholarship Candidate: _____

Your Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

How long have you known the applicant? _____

What do you view the gifts/abilities of the applicant to be? _____

Do you view the candidate to be a person of integrity? Circle Yes or No

Comments _____

What do you think God's plans are for this individual? _____

Do you believe the candidate exhibits present or potential leadership ability?

Circle Yes or No

Comments _____

How would you define the candidate's financial situation and need for a scholarship?

Do you recommend the candidate for a scholarship to be applied at:

Name of school: _____

Circle Yes or No

Additional Comments: _____

Can someone contact you should further information be required? Circle Yes or No

Signed: _____ Date: _____

Thanks so much for your time!

Please mail to:

FCA Scholarship Fund
c/o Valeria Dueck
49218A RGE RD 182
Beaver County, AB T0B 4J3

Telephone: 780-663-2282
Fax: 780-663-2032
E-mail: valeria.dueck@gmail.com