

REFERENCE FORM

must be completed using this form
Sun Prairie United Methodist Church

NAME OF APPLICANT: _____

YOUR NAME: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE _____ ZIP CODE: _____

PLEASE DESCRIBE YOUR RELATIONSHIP TO APPLICANT (PLEASE CHECK ONLY ONE):

- I am an adult member of Sun Prairie United Methodist Church
- I am a teacher, counselor, or employer, etc.
- I am an adult friend who is not a member of Sun Prairie United Methodist Church
- Other: _____

ALL LETTERS OF RECOMMENDATION SHOULD ADDRESS THE ATTRIBUTES FOUND BELOW.
LETTERS CAN EITHER BE SENT DIRECTLY TO THE APPLICANT OR MAILED TO:

*Sun Prairie United Methodist Church
c/o Scholarship Committee for (Student's Name)
702 North Street
Sun Prairie, WI 53590*

ALL LETTERS MUST BE RECEIVED BY APPLICATION DEADLINE:
Wednesday, April 3, 2019.

Signature

Date

Please describe the following attributes of the applicant in your letter of recommendation:

- 1.) Christian Character
- 2.) Strengths
- 3.) Ability to relate to others
- 4.) Ways you see the applicant giving for the good of the community
- 5.) Areas needing improvement
- 6.) Additional comments