

Les Butterworth Scholarship Fund Reference Form 2018

Office Use Only	
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The purpose of this form is to assist us in evaluating your scholarship/bursary application. You are responsible for sending copies of the evaluation form to two responsible people (not relatives) who have known you for at least two years and are familiar with your educational background, goals, achievements and personal character.

I. This section to be completed by ap	plicant	
APPLICANT'S NAME		
	I waive my rights to view this reference	
Signature of Applicant	Date	
II. To be completed by person giv	ing the reference.	
Name of Reference:	Occupation:	
Address:	Home Phone: () Work Phone: ()	
How long have you known the applicant?	In what way are you associated with the applicant?	
Please include comments on leaders involvement. (Note: Attach a separate sheet in the sheet in t	ship qualities, work experience and community if more room is needed)	
Signature of Reference	Return completed form to: CUPE Local 500 702 – 275 Broadway, Winnipeg, Mb. R3C 4M6 Fax: 956-1439 (by no later than Friday, June 29 th , 2018)	



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