

Les Butterworth Scholarship Fund Reference Form 2019

Office Use Only	

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 a	pplicant		
APPLICANT'S NAME			
I waive my rights to view this reference			
Signature of Applicant	Date		
II. To be completed by person givi	Occupation:		
	-		
Address:	Home Phone: () Work Phone: ()		
How long have you known the applicant?	In what way are you associated with the applicant?		
involvement. (Note: Attach a separate sheet if	ship qualities, work experience and community f 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 28 th , 2019)		



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