

TLMI SCHOLARSHIP REFERENCE FORM

Recommendation form for: _____
Applicant's name

I hereby request and authorize the completion and submission of this recommendation form to the TLMI Scholarship Committee.

Applicant's signature _____ Date _____

To be completed by person unrelated by blood or marriage. Person should be an employer, professor, community organization member, church official, etc. . (Attach additional sheets if necessary)

1. Relationship to candidate: _____

2. How long have you known this candidate? _____

3. Please describe any significant contributions you are aware of that the applicant has made to his / her church, community, classroom or place of employment that will attest to their integrity, work ethic, leadership skills, sense of responsibility etc.

4. Please explain your overall reason for supporting the candidate's application for the TLMI.

Return completed form to the applicant or mail to:

TLMI Scholarship Committee One Blackburn Center Gloucester, MA 01930