

Office Use Only

**Les Butterworth Scholarship Fund**

**Reference Form 2017**

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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 applicant

## APPLICANT’S NAME Click here to enter text.

**(**I waive my rights to view this reference)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.

Signature of Applicant Date

**II. To be completed by person giving the reference.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Reference:**Click here to enter text. | | | **Occupation:**Click here to enter text. |
| **Address:**Click here to enter text. | | | **Home Phone:** Click here to enter text.  **Work Phone:** Click here to enter text. |
| **How long have you known the applicant?**  Click here to enter text. | **In what way are you associated with the applicant?**  Click here to enter text. | | |
| **In a general statement, explain why you believe the applicant should be awarded a scholarship or bursary. Please include comments on leadership qualities, work experience and community involvement.** | | | |
| Click here to enter text. | | | |
| 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 30th, 2017)** | |

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