

Les Butterworth Scholarship Fund Reference Form 2017

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 Name of Reference:	ng the 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 if	hip 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 30 th , 2017)			



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I. This section to be completed by applicant			
APPLICANT'S NAME			
	I waive my rights to view this reference		
Signature of Applicant	Date		
II. To be completed by person giving			
Name of Reference:	Occupation:		
Address:	Home Phone: ()		
	Work Phone: ()		
Haw long have you known the applicant?	In what way are you aggeriated with the applicant?		
How long have you known the applicant? In what way are you associated with the applican			
In a general statement, explain why you believ	re the applicant should be awarded a scholarship or bursary.		
Please include comments on leaders	hip qualities, work experience and community		
involvement. (Note: Attach a separate sheet if	more room is needed)		
	Return completed form to: CUPE Local 500		
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