Reference Form for Montana District LWML Scholarship

Applicant's name:_____

Please answer the following questions giving as much information as possible to help the scholarship committee evaluate the applicant's Christian character, commitment, and desire to serve the Lord in his/her chosen church profession. This information is confidential and will be available only to the LWML Scholarship Committee. Please mail this form directly to the LWML Scholarship Chairman.

1. How Long and in what capacity have you known the applicant?

2. How has the applicant demonstrated the potential to become a professional church worker?

3. What factors make the applicant especially worthy of receiving scholarship support?

Signature:_____ Date:_____