

Coeymans/Fowler Scholarship Reference/Recommend.

This is to be completed by a Pastor, Community Associate or Service Agency person. The person completing this form is affirming the accuracy of the claims in the scholarship application. For more information about Camp Fowler, please visit our website at: www.campfowler.org

Name

<input type="text"/>	<input type="text"/>
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First

Last

Email

Who is the applicant for whom you are giving a reference?

What is your relationship to the applicant?

What Church, Association or Agency are you affiliated with?

How much scholarship aid is this applicant requesting?

Have you reviewed the applicant's application? As a reference it is your responsibility to verify the applicant's need for financial assistance.

Please provide information on why this applicant should be considered for a scholarship? Do you have any other information that would help us decide?

Please type in your name to verify that the above information is correct.

Date

 / / 

MM

DD

YYYY