

**NON RELATIVE REFERENCE** Please give this your immediate attention. Complete and return by one of 2 deadlines, **November 1, 2010** for the 2010-2011 academic school year and **April 1, 2011** for the 2011-2012 academic school year to Scholarship Allocation Committee, c/o Linda Bruski, 323 John R. St., Clare, MI 48617-1223

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, Michigan \_\_\_\_\_

Has applied for a Lutheran Women's Missionary League scholarship and has given your name as a reference.

How long have you known this student? \_\_\_\_\_ Relationship to student? (Teacher, friend, etc) \_\_\_\_\_

Does she show by her life, conduct and activities in the church that she loves the Lord? If so, how? \_\_\_\_\_

Do you think she has the talents needed for her career choice? (Why?) \_\_\_\_\_

Does the family have other children attending school away from home?  
\_\_\_\_\_

Do you know of any illness, disability, or lack of employment in the family that makes financial help more urgent? Give details.  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, is she in need of financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you recommend that she receive a scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_ Comments  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments or observations on the above named student or family? You may use the back if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_