

**Lindsay District Hospital Guild**  
**Personal Reference for Scholarship Application**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The individual name above has applied to us for scholarship aid. Would you please fill out as much of the information below as possible. The applicant has already submitted an application form listing activities and grade specifics, so it is not necessary for you to detail this information. Please use the back of this sheet if more space is needed.

Thank you for your help. Please check the category in which you are writing this reference:

Instructor \_\_\_\_\_ Personal Acquaintance \_\_\_\_\_ Employer/non school person \_\_\_\_\_

School \_\_\_\_\_ Title \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_

CHARACTER REFERENCE:

FINANCIAL NEED:

ADDITIONAL COMMENTS:

|                                  |  |
|----------------------------------|--|
| RETURN THIS FORM TO:             | Lucy Nardiello                         |
| by March 31 for full scholarship | Lindsay Hospital Guild<br>P.O. Box 601 |
| July 31 for partial scholarship  | Lindsay, California 93247              |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Contact number: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_