

LETTER OF RECOMMENDATION:

Please provide a copy of this page for each letter of recommendation to be submitted on your behalf.

All scholarship application materials must be completed and returned to the scholarship committee no later than February 28.

Applicant's Name: _____ **Date:** _____

The applicant named above has asked you to write a letter of recommendation for the Maurie Van Nostrand Memorial Scholarship. **We require that your letters be typed or word-processed rather than hand-written.**

Name: _____

Your Position: _____

How do you know the applicant?

How long have you known the applicant?

Please attach a **dated and signed** copy of your letter of recommendation.

Please mail or email the letter of reference/recommendation directly to the scholarship committee.

All information that you provide will remain confidential.

MAIL TO:

**Scholarship Committee
York Community Foundation
603 N. Lincoln Avenue
York, NE 68467**

EMAIL:

ycf@yorkchamber.org

FAX:

402-362-5953

Thank you for your assistance.