

## 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 Carol L Bittinger Scholarship. **We require that your letters be typed or word-processed rather than handwritten.**

**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](mailto:ycf@yorkchamber.org)

**Thank you for your assistance.**