

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

**Thank you for your assistance.**