



# Scholarship Application

## Reference Form

Please submit at least two letters of recommendation from people who can attest to your service, advocacy, and character. Do not include references from family members.

Applicant Name: \_\_\_\_\_

In accordance with the Family Education Rights and Privacy Act of 1974, you may (but are not required to) waive the right to inspect this reference letter.

\_\_\_\_\_ I waive my right to inspect this letter of recommendation

\_\_\_\_\_ I do not waive my right to inspect this letter of recommendation

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REFEREE INSTRUCTIONS:

The applicant named above is applying for an Oak Park Area Lesbian and Gay Association+ (OPALGA+) Scholarship to attend post-secondary education. Please provide your candid assessment of the applicant's service and advocacy for the LGBTQ+ community and personal character. Please include this completed form with your letter and email it directly to the scholarship committee:

To: opalga.scholarship@gmail.com

Subject: Student Scholarship application [your name]

Referee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known the applicant, and in what capacity? \_\_\_\_\_

Referee Signature: \_\_\_\_\_ Date: \_\_\_\_\_