

REFERENCE REQUEST FORM
EDWARD MILNE COMMUNITY SCHOOL
REFERENCE REQUEST FORM
(Please allow at least two weeks' notice)

Teacher: _____

Student: _____ Student #: _____

Date Required: _____

Name of Scholarship/Bursary: _____
(if applicable)

Please attach your Scholarship Resume to this form.

Check one of the following:

- I need a general reference letter suitable for any application.
- I need a reference letter for a specific scholarship application
(Please attach a copy of the scholarship criteria.)

Please check applicable:

- This letter needs to be confidential and placed in a sealed envelope.
- This letter can be left unsealed.

I need _____ original signed copies.