Christian Service Fund Disbursement Committee United Church of Christ, Schleswig, Iowa

REFERENCE FORM

Applicant Information	
Name of Applicant:	
College Planning on Attending	
School / College / University:	
Address:	
City: State:	ZIP Code:
Course of Study Planned:	101
TO BE COMPLETED AND RETURNED DIRECTLY TO THE CHURCH BY REFERENCE	
How long have you known the Applicant?	12
How do you know the Applicant?	
PLEASE COMMENT ON THE FOLLOWING:	N N
Predictability of success?	Dependability?
Ambitiousness?	Ability to get along with others?
Any other comments:	1-1
1-11	/4/
\I\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
YEV MAY AL	
Signature Signat	
Name:	Date:
Title:	Yrs. Known: