

Megan's Memory Scholarship Foundation

LETTER OF RECOMMENDATION

Applicant Name: _____

Thank you for taking time to assist the evaluation of this applicant

Reference Name: _____

Home Address: _____
Street or PO Box City State Zip Code

Phone: _____

Signature: _____ Date: _____

How long have you known this individual, and in what capacity?

Describe why you believe this person is deserving of a scholarship.
