

# LETTER OF REFERENCE

## IBEW LOCAL 1620 - SCHOLARSHIP PROGRAM

67 LeMarchant Road, St. John's, Newfoundland A1C 2G9

THIS FORM IS TO BE COMPLETED BY THE APPROPRIATE REFERENCE AND RETURNED DIRECTLY TO THE ADDRESS ABOVE NO LATER THAN 31 JULY 2003.  
PLEASE INCLUDE IN YOUR STATEMENT COMMENTS ON THE EXTRACURRICULAR ACTIVITIES AND NON ACADEMIC ABILITIES OF THE APPLICANT.

Student's Name (Surname First)

Field of research or Study

Statement of Reference  
(please see instructions on reverse)

PLEASE SEE REVERSE

DATE

SIGNATURE OF REFERENCE

Name of Reference

Occupation

Address

Telephone #