CAPE FEAR POST - 2020 SCHOLARSHIP APPLICATION REFERENCE FORM

Applicant: Complete this section. The forward this form to the individuals (maximum of three) serving as your references with a stamped envelope addressed to:

SAME, Cape Fear Post
ATTN: John Lenfestey, P.E.
P.O. Box 12757
Wilmington, NC  28405-2757

Full Legal Name:______________________________________________________________

Home Address:_______________________________________________________________

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<th>Zip Code</th>
<th>Daytime Phone No.</th>
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Reference: Complete this section. Enclose this form in an envelope provided by the applicant and mail to the address above. Your prompt response by April 3, 2020 is appreciated.

Reference Name:___________________________________________

Mailing Address:____________________________________________

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What is your relationship with the applicant? _____________________________________

How long have you known the applicant? __________________________________________

Has the applicant demonstrated an interest in engineering/architecture or related field? Explain. _____________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Why is the applicant a good candidate for this scholarship? ______________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

Signature ___________________________ Date __________________________
This signature certifies that the above information is true and correct.

In case of questions: Call John Lenfestey at (910) 251-5673 or e-mail: samecfpost@gmail.com