

EDUCATIONAL REFERENCE

Please ask a professor or teacher to complete this form and return it to the following address by
April 1, 2011:

St. Charles Mothers Club
P.O. Box 1274
St. Charles, IL 60175
Attention: Scholarship Committee Chairperson

Applicant's Name _____

Your Name _____

Your Job Title _____

In what capacity have you known the scholarship applicant? _____

How long? _____

Please briefly describe your knowledge of the applicant, her strengths and abilities, and any other information that you feel would help us to determine whether she should receive the St. Charles Mothers Club Sherry Costello Scholarship. Thank you.

BUSINESS REFERENCE

Please ask a business reference to complete this form and return it to the following address by
April 1, 2011:

St. Charles Mothers Club
P.O. Box 1274
St. Charles, IL 60175
Attention: Scholarship Committee Chairperson

Applicant's Name _____

Your Name _____

Your Job Title _____

In what capacity have you known the scholarship applicant? _____

How long? _____

Please briefly describe your knowledge of the applicant, her strengths and abilities, and any other information that you feel would help us to determine whether she should receive the St. Charles Mothers Club Sherry Costello Scholarship. Thank you.