



Kentucky WMU

Reference Form

Please use this form and return to Kentucky WMU by February 15.

Scholarship applicant's name _____

Your relationship to applicant _____ Years known _____

Please briefly describe why you have chosen to endorse this applicant:

List types of activities applicant has been involved in or those that you have been involved in with the applicant (academic, community-related, church-related, and missions experiences).

Your name _____ Title _____

Address _____

Email _____ Phone _____

Mail to: Kentucky WMU Scholarships; 13420 Eastpoint Centre Dr.; Louisville, KY 40223

Email or Fax to: denise.gardner@kybaptist.org – 502.489.3227 Deadline: February 15