IUOE Local 150 Scholarship Fund, Inc.
Award Program

Personal Reference Form #1

To be completed by school faculty, guidance counselor, or adult not related to the student.

Full Name of Student: _____

Your name has been given as a reference by the above student, who has applied for a scholarship. Your evaluation is important to us in considering this application, and we ask that you explain your comments fully. If necessary, use the reverse side for additional remarks. All comments will be used for evaluation purposes only.

Please complete this form (type or print using black ink) and upload it to scholarships.local150.org, email it to scholarships@local150.org, or mail it to the IUOE Local 150 Scholarship Fund, Inc., 6170 Joliet Road, Suite 200, Countryside, IL 60525, **postmarked by the 3rd Tuesday in February (February 16, 2027).** The Applicant is considered responsible for submission of all required forms by this date.

Name of Reference: _____ Signature: _____

School/Organization/Business: _____

Address: _____

Phone: _____

How long have you known the applicant? _____

_____

Evaluation of Applicant:

Please use the space below to inform the Scholarship Committee of why you think the applicant is worthy of a higher-education scholarship. Please include any essential information about the applicant you find important and any information that you think demonstrates the applicant's strengths, personal qualities, and speaks to their character. You may continue your comments on the back of this sheet, if necessary.

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IUOE Local 150 Scholarship Fund, Inc.
Award Program

Personal Reference Form #2

To be completed by school faculty, guidance counselor, or adult not related to the student.

Full Name of Student: _____

Your name has been given as a reference by the above student, who has applied for a scholarship. Your evaluation is important to us in considering this application, and we ask that you explain your comments fully. If necessary, use the reverse side for additional remarks. All comments will be used for evaluation purposes only.

Please complete this form (type or print using black ink) and upload it to scholarships.local150.org email it to scholarships@local150.org or mail it to the IUOE Local 150 Scholarship Fund, Inc., 6170 Joliet Road, Suite 200, Countryside, IL 60525, **postmarked by the 3rd Tuesday in February (February 16, 2027).** The Applicant is considered responsible for submission of all required forms by this date.

Name of Reference: _____ Signature: _____

School/Organization/Business: _____

Address: _____

Phone: _____

How long have you known the applicant? _____

_____

Evaluation of Applicant:

Please use the space below to inform the Scholarship Committee of why you think the applicant is worthy of a higher-education scholarship. Please include any essential information about the applicant you find important and any information that you think demonstrates the applicant's strengths, personal qualities, and speaks to their character. You may continue your comments on the back of this sheet, if necessary.

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