



Greater Clermont Cancer Foundation

P O Box 443, Minneola, FL 34755-0443

www.gccf.us (352) 435-3202

FORM 4A - "Focus on the Future" Scholarship Grant Letter of Reference Form

To the Applicant: Two letters of recommendation must be submitted with your application for a scholarship. Please use this form although the person writing the letter may attach a personal letter.

To the Recommendation Writer: Please return this completed form directly to the person applying for the scholarship. If you wish, you may enclose an additional personal letter. Please print or type and thank you for your assistance

Directions: This form is to be completed by the person making the recommendation.

1) Name of Scholarship Candidate: _____

2) This letter is from (Please check one): Teacher/Professor: _____ Guidance Counselor _____
Employer _____ Scout Leader _____ Mentor _____ Other: _____

3) What are the three words that come to mind in describing the applicant's abilities?

First _____ Second _____ Third _____

4) Overall impression of candidate (circle one: 1 = lowest, 5 = highest) 1 2 3 4 5

5) Comments (Please add more space if required)

6) Letter Writer

Name: _____ Date: _____

Title _____

Affiliation (Organization school or other): _____

Phone: _____ Fax: _____ Email: _____

MAIL COMPLETED APPLICATION TO GCCF, PO BOX 443, MINNEOLA, FL 34755-0443
GCCF case manager will review your information and will contact the applicant
requesting assistance. Funds are limited and based on availability.
All information is strictly confidential and is for GCCF use only.