

Albert W. Van Duzer Scholarship Fund Application

CLERGY/YOUTH LEADER LETTER OF RECOMMENDATION

To be completed by the Rector/Vicar or Youth Leader of the Applicant's congregation.

NAME OF APPLICANT: _____

CONFIRMATION DATE: _____

Please give us an indication, based on your knowledge of this applicant, why she or he would or would not be a good candidate for Van Duzer scholarship funds.

SIGNATURE OF CLERGY/YOUTH LEADER: _____ DATE: _____

NAME: _____

PARISH AND CITY: _____

A letter written on parish letterhead may be attached, if preferred.
Please return this completed form, in a sealed envelope, to applicant. If you prefer, you may mail directly to:

Wendy V. Blackman
Chair, Van Duzer Fund Board of Trustees
808 West State Street
Trenton, NJ 08618

All application materials must be postmarked by March 1, 2012