

The Slemp Foundation
Big Stone Gap, Virginia
REFERENCE FORM

Name of Student _____

How many years have you known the student? _____ years.

How many years have you known the student's family? _____ years.

Do you think the student could continue school if the Foundation did not give assistance? _____

Would you say the student has average, above average or exceptional qualifications for taking his/her place in the business or professional world? _____

What type of career do you think the student should prepare to follow? _____

Do you think that this student should go to college? _____

Please give your reasons for recommending the applicant _____

I recommend that the grant be made. I am satisfied that the best interest of the applicant can be maintained by continuing in school. I consider the applicant thoroughly reliable and I believe that he (she) is worthy of this grant. To the best of my knowledge all the questions are truly and fully answered.

Date

Signature

Occupation

This form must be mailed directly to the Foundation by October 15th. Please also note the applicant's name on the outside of the envelope.

The Slemp Foundation
c/o U.S. Bank Trust Division
P. O. Box 5208, M.L. CN-OH-W7PT
Cincinnati, OH 45201-5208