

DR. MARTIN LUTHER KING, JR. SCHOLARSHIP RECOMMENDATION FORM

APPLICANT: Please fill in your name and address before giving this form to the person that you have asked for a reference.

Name: _____
Last First Middle

Address: _____
City State ZIP

REFERENCE PROVIDER: The student named on this form is applying for the Dr. Martin Luther King, Jr. Regional Scholarship and has asked you to provide the committee with any information you feel would be helpful in reviewing his/her application. You may be assured that the information will be considered confidential. If you are unable to complete a letter of recommendation by the deadline, please notify the applicant so that he/she may secure another reference.

Name of Reference _____ Phone _____

Signature of Reference _____ Date _____

When providing a reference, please do the following:

1. Write your letter of recommendation on a separate sheet of paper. Please sign it and include it with this form.
2. Describe applicant's commitment to actively embracing Dr. King's dream of improving racial harmony and social justice.

**PLEASE RETURN THIS FORM TO THE APPLICANT OR TO THE
MLK ASSOCIATION OF ASHEVILLE & BUNCOMBE COUNTY. THE APPLICATION MUST BE
POSTMARKED BY APRIL 24.**

**The Martin Luther King, Jr. Association
of Asheville & Buncombe County, Inc.
P.O. Box 328
Asheville NC 28802-0328**

The form can also be scanned and emailed, no later than April 24, to mlkavlscholarships@gmail.com. Please put the student's name in the subjectline.