REFERENCE FORM

CELIA M. HOWARD FELLOWSHIP

For Study at

_____

(Institution)

TO:_____ DATE:_____

Your name has been given as a reference by:

Name_____ Address _____

who has made an application for a Celia M. Howard Fellowship. This Fellowship is for graduate study leading to one of the following degrees:

_____ Master of Arts in Law and Diplomacy, Fletcher School of Law and Diplomacy, Medford, MA

_____ Master of International Management, American Graduate School of International Management, Glendale, AZ

_____ Paul Simon Public Policy Institute, Carbondale, IL

_____ Law, University of Illinois, Champaign, IL

This applicant is pursuing the degree that is checked.

After completing this form, please return it to the Chairman of the Fellowship Fund Committee. Your report will be treated in strict confidence. Late references may jeopardize an applicant's eligibility.

MAIL BY **NOVEMBER 15th TO:**

Fayrene Wright
804 E. Locust St.
Robinson, IL 62454
Email: fayrene26@gmail.com

State below your opinion of the qualifications of the applicant for this Award. Your statement should include your knowledge of the applicant's:

1.Ability to do academic work of high quality

2.Emotional stability

3.Sense of responsibility

4.Initiative and leadership abilities

5.Ability to work well with people.

If you need more space, please use a separate sheet.

Signed _____ Date _____

Address _____

Position or relationship to Applicant _____

Telephone No._____

RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P. L. 93-380 (Family Educational Rights and Privacy Act of 1974).

❒ I waive my rights of access to this letter of recommendation.

❒ I do not waive my right of access to this letter of recommendation.

_____

Signature of applicant Date

Name of Candidate_____

PLEASE PRINT Last First Middle

Applicant for (Institution) _____