

LETTER OF REFERENCE FROM THEOLOGICAL COLLEGE

Applicant's name _____

Address _____

College _____

Degree program _____

Enrollment status Full-time Part-time

Year of Study* (i.e., 1st, 2nd) _____

*Note: Applications submitted by the April deadline are intended for the following academic year (September through August). Applications submitted by the September deadline are applicable to the current academic year (September through August).

Please state if any conditions have been stipulated to the applicant's entry to this year of study.

Is your college providing financial assistance for this applicant?

Yes, amount _____

No (if no, please explain) _____

Other Remarks

Name _____ Title _____

Signature _____ Date _____

Phone _____ Email _____

Please return this form by April 1 or October 1.

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