

YOUR NAME

Last *First* *Middle Initial* *Maiden* *Class Year*

Address *City* *State* *Zip Code*

Home Phone *Work Phone* *E-mail Address*

Signature *Date*

STUDENT NAME

Last *First* *Middle Initial* *High School Name*

Email Address *Phone Number* *Graduation Date*

This signed referral form and a completed application for admission must be received by the Lakeland College Admissions Office in order for the award to be granted to the student. **Please mail this form to: Lakeland College Admissions Office P.O. Box 359 Sheboygan, WI 53082-0359**

Lakeland College
Alumni Award
Referral Form

Do you know a high school senior that would be a great Lakeland College student?

Please fill out the information on the other side of this card and return it to the Lakeland College Admissions Office, and encourage the student to fill out a Lakeland College Application for Admission (available online at www.lakeland.edu).

Accepted students who have been officially referred by alumni like you will receive a renewable \$1,000 Lakeland College Alumni Award.

For more information, contact the Lakeland College Admissions Office at 800.242.3347 or go to Lakeland.edu/StudentReferral

