

**UCC Scholarship**  
**REFERRAL FORM**



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STUDENT'S NAME

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ADDRESS

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CITY

STATE

ZIP

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PHONE

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HIGH SCHOOL

YEAR OF GRADUATION

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NAME OF PARENTS OR GUARDIANS

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NAME OF CHURCH

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ADDRESS

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CITY

STATE

ZIP

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PHONE

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PASTOR'S SIGNATURE

Please comment on this student's involvement in the church:

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PLEASE MAIL THIS COMPLETED FORM TO:

OFFICE OF FINANCIAL AID  
LAKELAND COLLEGE,  
PO BOX 359  
SHEBOYGAN WI 53082-0359