



**NATIONAL ALUMNI ASSOCIATION OF SAINT AUGUSTINE'S COLLEGE, INC.  
POST OFFICE BOX 28122  
RALEIGH, NC 27611-8122**

**TO BE COMPLETED BY APPLICANT  
(WITHOUT YOUR SIGNATURE THIS LETTER CANNOT BE INCLUDED AS A PART OF YOUR APPLICATION)**

**RECOMMENDATION FOR \_\_\_\_\_**

**I AM AWARE OF MY RIGHTS UNDER THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 TO  
HAVE ACCESS TO LETTERS OF RECOMMENDATION WRITTEN ON MY BEHALF.**

\_\_\_\_\_ **IT IS MY DESIRE THAT THIS LETTER BE WRITTEN IN CONFIDENCE, AND I,  
THEREFORE, WISH TO WAIVE MY RIGHTS OF ACCESS TO THIS LETTER.**

\_\_\_\_\_ **I WISH TO RETAIN MY RIGHTS OF ACCESS.**

**DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_**

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**TO BE COMPLETED BY REFERENCE**

**PLEASE WRITE A REFERENCE (SHORT, SPECIFIC STATEMENT) OF THE APPLICANT'S  
QUALIFICATIONS FOR A SCHOLARSHIP. QUALITIES OF INTEREST INCLUDE EXCELLENCE OF  
SCHOLARSHIP, LEADERSHIP ABILITY, ORIGINALITY, FLEXIBILITY, INDEPENDENCE OF MIND,  
POTENTIAL FOR GROWTH AND ANY OTHER PERTINENT PERSONAL CHARACTERISTICS. IF  
ADDITIONAL SPACE IS NEEDED, PLEASE USE THE BACK SIDE OF THIS REFERENCE FORM OR  
COMPLETE STATEMENT ON A SEPARATE SHEET OF PAPER.**

**PLEASE RETURN THIS FORM IN THE ENVELOPE PROVIDED.**

**NAME:**

**POSITION:**

**INSTITUTION:**

**ADDRESS:**

**SIGNATURE**

**DATE**