**NEW JERSEY COUNCIL OF THE BLIND, INC.**

**Bernard Zuckerman Scholarship**

**Scholarship Committee**

**PO Box 434**

**Woodbridge, NJ 07095**

**scholarships@njcounciloftheblind.org**

**An Affiliate of**

 **The American Council of the Blind**

Scholarship Program

Letter of Reference

Scholarship applicant name:

Address:

Reference Name:

Address:

Phone number:

E-mail address:

Please tell us why you think this applicant is a good candidate for a scholarship award. Include the length of time you have known the applicant and in what capacity. We are most interested in getting your information and experiences describing the character of the applicant.

Send completed letter of reference to:

Scholarship Committee

PO Box 434

Woodbridge, NJ 07095

scholarships@njcounciloftheblind.org

(848) 999-2079

Thank you for helping in this process