

**Charles E. Manuel/Ethelind Simmons Stroud Scholarship
Verification Form**

Directions: Please complete this form as verification of your acknowledgement of the recipient's active participation in your organization.

This form must be attached to the letter of recommendation.

Applicant's Name: _____

Organization: _____

Person Completing Recommendation: _____

Position in Organization: _____

Signature of Student: _____

Signature of Ministry Leader: _____

Date: _____