

**MENNONITE WOMEN USA
INTERNATIONAL WOMEN'S FUND**

REFERRAL FORM

Name of potential recipient _____

Address _____

E-mail: _____ Phone: _____

Date submitted _____

Recommended by _____

Agency or Conference represented: _____

E-mail: _____ Phone: _____

1. **Please attach a current photo** (can be sent through e-mail or regular mail). Send e-mail photos to office@mennonitewomenusa.org.
2. Brief description of the woman's relationship to the recommending person, agency, and/or conference.

3. Describe the intended plan of study, including length, cost, location and institution of study.

4. To your knowledge, has the applicant received financial assistance from other agencies? _____
(If so, please list other assistance.)

What is the applicant's level of financial need?

5. Please describe the applicant's past involvement in the Mennonite Church and future goals for service within the Mennonite Church.