



Coastal Villages Region Fund

711 H Street, Suite 200 • Anchorage, Alaska 99501 • Phone 907.278.5151 • Fax 907.278-5150

COASTAL VILLAGES REGION FUND REFERENCE FORM

SUBMIT TWO (2) COMPLETE REFERENCE FORMS

The applicant below is applying for a Coastal Villages Region Fund Benefits Program. CVRF is committed to providing member residents with consistent benefits that address the current skills needed, and education for individuals in the region.

Please complete the CVRF Reference Form and return to the applicant.

Applicant Information:

First Name

M.I.

Last Name

REFERENCE INFORMATION (must not be related to the applicant by blood or marriage):

FIRST NAME

M.I.

LAST NAME

DATE

ADDRESS

EMAIL

HOME PHONE

CELL PHONE

CITY

STATE

ZIP

OCCUPATION

EMPLOYER

How do you know the applicant?

What is your knowledge of the applicant's education and/or work experience and accomplishments?

What is your knowledge of the applicant's potential to accomplish their educational and career goals?

I certify that I am not related to the applicant by blood or marriage and that all information provided on this Coastal Villages Reference Form is true and correct.

Print Name of Reference

Signature

Date