

ANTLER ADVISOR FORM

THIS FORM IS TO BE COMPLETED BY THE ANTLER ADVISOR

Full name: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____ Phone _____

Name and number of the Antler Lodge that the student is a member:

Name and address of the student:

Please state how long the student has been a member of your Antler Lodge:

Please provide any recommendations, comments, remarks you may have in support of this student's scholarship application:

(Attach additional sheets if necessary.)

By signing this application, I certify that all the above statements are true.

Date: _____ Sign here: _____

Print name here: _____