

Reference Form

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| **Name of referee** |  |
| **Name of applicant** |  |
| **Email address for referee** |  |
| **Telephone number for referee** |  |
| **Relationship of referee to applicant**: |  |
| **Number of years referee has known applicant** |  |
| **Please explain why you think the applicant should be considered for a grant from The Christine Best Foundation** |
|  |
| **Signature of referee** |  |
| **Date** |  |

**All information received will be treated with the strictest confidence and will not be shared with any third parties.**