

LETTER OF SUPPORT

This form should be used as a cover sheet for a letter of support.

All reference letters must be received by May 1, 2010. Please return to:

Great Lakes Hemophilia Foundation
Program Services Committee
638 North 18th Street Suite 108
Milwaukee, WI 53233

In writing this letter of support, please include comments reflecting on your knowledge and insight pertaining to the following areas:

- The applicant's educational and career goals.
- How this applicant's educational and career goals have been affected by a bleeding disorder.
- How you see this applicant utilizing the award to achieve their educational and career goals.

Finally, include any information that you may feel would be important for the committee reviewers to know. Please be sure to sign and date your letter. Thank you.

Applicant's Name: _____

Name of person providing letter of support: _____

Relationship to applicant (please circle):

Teacher

Guidance Counselor

Employer

Health Care Provider

Neighbor

Friend

Clergy

Other: _____