



Tri-State Bleeding Disorder Foundation  
Personal/Professional Reference Form

**SECTION III**

**PERSONAL/PROFESSIONAL REFERENCE FORM**

**Note to the applicant: Please complete the top portion of this form and then send it to the person who knows you well enough to recommend you for this scholarship. References from family members are not acceptable.**

**All reference letters must be emailed to [Hemophilia@TSBDF.com](mailto:Hemophilia@TSBDF.com) by June 1, 2025 or mailed to:**

Helen Lamping  
Tri-State Bleeding Disorder Foundation  
635 W Seventh Street STE 407  
Cincinnati OH 45203

*Mailed reference letters must be post-  
marked by June 1, 2025.*

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

\*\*\*\*\*

**Instructions to the Reference:** *The person named above is applying for a Tri-State Bleeding Disorder Foundation Scholarship. The information given in this recommendation will not be available to the above applicant. Please email to: [Hemophilia@TSBDF.com](mailto:Hemophilia@TSBDF.com).*

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Please describe in detail why you are recommending this person for the Tri-State Bleeding Disorder Scholarship. Please comment on the applicant's strengths and weaknesses, intellectual ability, achievement motivation, ability to work with others, relevant accomplishments, or any other characteristics that would help in determining merit of this applicant. You may use a separate sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_