

**True Orthodontics, PC Dr. John J. Lupini D.D.S., M.S**  
**Orthodontic Scholarship Program**

**LETTER OF RECOMMENDATION**

**TO APPLICANT:**

Please complete the top section of this form and deliver the form to your selected reference. Reference will return the completed letter to you in a sealed envelope. Two Letters of Recommendation must be included in your submitted application package.

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

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

Relationship to Applicant: \_\_\_\_\_

Address of Reference: \_\_\_\_\_

**TO REFERENCE:**

The applicant named above has applied for a scholarship from True Orthodontics, PC & Dr. John J. Lupini's office. Your opinion will be given considerable weight. Please return this form to the applicant in a **SEALED** envelope, identifying the name of the applicant on the outside of the envelope. The applicant will include your reference with his/her application. The application with all references **MUST BE SUBMITTED** to the Scholarship Fund by **March 31st**.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please describe the length of time and context in which you have known the applicant. What qualities in the applicant led you to recommend him/her for this scholarship?

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Thank you for taking the time to recommend this applicant.