

12080 US Hwy 85, Jay Em, Wy 82219 • 308-224-4694 • 308-224-4697

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above applicant has applied for the Mustang for Veterans or 1st Responder program and is requesting a letter of reference. Please complete questionnaire and email to: kelly@operationremount.org

|  |  |
| --- | --- |
| Your Name |  |
| Address |  |
| Phone |  |
| Email |  |
| What is your relationship with the applicant? Years known? |  |
| Do you feel the applicant should participate in the program? | YES NO |
| Why do you feel the applicant should be chosen for the program? is your relationship  |  |
| Additional comments? Why do |  |

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