

Supporting Agency Letter of Referral

This form can be used for Agency Referral when submitting a request for Scholarship funding

** please note - submittal does NOT guarantee acceptance.

To ***The Sewing Labs***, on Behalf of

I, _____, Title _____,

Agent for (list agency name, address, phone #)

Are submitting this letter of Referral for our client

_____ to be considered
for enrollment into The Sewing Labs course of programs for the year _____.

I validate that they qualify and are supported by our agency and services and therefore have a need
for scholarship funds for the TSL courses requested below.

Agent contact information:

Name/Title _____

email address _____

Phone number _____

The Sewing Labs Course Information

Course Title _____

Dates _____

For Office Use: Reviewed by: _____ date: _____ Verified by: _____, date: _____
526 Campbell St, Kansas City, MO 64106, 816.888.3051