

CYBA Scholarship Reference Form

Candidate Name: _____ Date: _____

Your Name: _____ Your Occupation: _____

Relationship to Candidate _____ Time Known Candidate: _____

State below why you feel candidate show be considered for the CYBA scholarship award:

Please send this directly to CYBA at the following address:

P.O.Box 6966
Thousand Oaks, Ca
91359