



REFERENCE FORM

Name:	Phone Number:
Address:	Email Address:
Name of the student you are recommending:	

Anonymity:

When filling out the reference form, please do not include the name of the applicant. Refer to them as “student” or “applicant.” In our process of choosing a recipient, we need all applicants to remain anonymous.

Application Requirements:

Each applicant must submit one completed reference form. Only one reference will be accepted per application. Applications submitted without a reference will be considered incomplete and will not be considered for selection.

Eligible References:

This form may be completed by a family member, teacher, counselor, or any concerned adult. We want to hear from your heart why this student is deserving of an Apple device.

Submission:

To submit this form, please send it in or drop it off at MacMan, Inc.

Address:	Hours of Operation:
4677 Keystone Crossing	9AM - 6PM Monday - Friday
Eau Claire, WI 54701	10AM - 3PM Saturday
Phone: 715-834-7074	



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Please describe your relationship to the applicant:

Describe how the applicant would benefit from this program.

Why do you think that the applicant is a good candidate for this program?