

S/SGT JAMES M. RAY SCHOLARSHIP
REFERENCE FORM

(To be filled out by high school counselor, college department head or college instructor)

REGARDING: _____, Scholarship Applicant. BIRTHDATE: _____

Please furnish information which might be useful to the Scholarship Committee in considering the applicant for a scholarship. Please note our scholarship awards are based solely on merit, and not financial need.

1. What is the nature and extent of your acquaintance with the applicant?

2. Give reasons you feel this applicant should be considered for this scholarship?

3. What is your impression of his/her school citizenship record?

4. Are you familiar with the applicant's involvement and participation in school activities and/or school service?

5. Are you familiar with any special school achievements or awards the applicant has received?

6. At this point in time, is applicant meeting graduation requirements?

7. Additional comments, if desired.

Signature: _____ Position/Title: _____

Name of School: _____ Address: _____

Telephone No: _____ Date: _____

I hereby authorize the appropriate certificated school personnel to have access to the scholarship applicant's records, for the purposes of completing the Scholastic Reference Form.

Signature of Parent/Guardian _____ Date: _____

Signature of Pupil (if 18 years or older) _____ Date: _____

Please return this form in a sealed envelope to the applicant.

Applicant will submit this completed Reference Form and the Scholarship Application (attached).