

Tourette Association of America – Oklahoma Chapter

Post-Secondary Education Scholarship Reference Form

Name of applicant _____

The above student has listed you as a reference in support of her/his application for the Tourette Association scholarship sponsored by the Oklahoma Chapter. Your candid appraisal of the applicant's qualifications for this scholarship is greatly appreciated and will be kept *confidential*.

Please complete the following (print or type) as expeditiously as possible:

Extent of your acquaintance with the applicant:

Appraisal of the applicant's character and personality:

Appraisal of the applicant's ability and areas where this student will do her/his best work:

Leadership potential of the applicant:

(Optional) Other pertinent information:

Four horizontal lines for writing additional information.

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Name of Reference/Respondent _____ Date _____

Signature of Respondent _____

Position of Respondent _____

Business or Home Contact Information

Address (street, city, state, zip)_____

Horizontal line for additional contact information.

Phone _____ Email _____