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:


Name of Reference/Respondent ______________________________________ Date ______

Signature of Respondent ________________________________________________

Position of Respondent ________________________________________________

Business or Home Contact Information

Address (street, city, state, zip)_____________________________________________


Phone ____________________ Email __________________________________________