

Tourette Association of America – Oklahoma Chapter

Post-Secondary Education Scholarship

Reference Form (Revised 10/2020)

Name of applicant _____

The above student has listed you as a reference in support of her/his application for the Tourette Association of America-Oklahoma Chapter scholarship. 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:

Please provide your observations as to how the applicant is dealing educationally or socially with her/his Tourette's and provide any information you wish to share that would help the committee provide support to the applicant. Use the back of this page if you need additional space to write.

(Optional) Other pertinent 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) _____

Phone _____ Email _____