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.

______________________________________________________________________________

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______________________________________________________________________________

______________________________________________________________________________

(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 _____________________________