PERSONAL REFERENCE FORM #1

TENSAS REUNION SCHOLARSHIP GRANTS

(FAMILY MEMBER, FRIEND, EMPLOYER, MINISTER, ETC.)

APPLICANT'S NAME: _____ _____ _____
(LAST) (FIRST) (MIDDLE)

has applied for a Tensas Reunion Scholarship Grant and listed you as a reference. Please complete this form or write a letter of recommendation on behalf of the applicant. If additional space is needed, please use the back of this page. Type or use black ink. **The deadline for submitting form is April 30.**

- What is the applicant's academic ability? _____

- Are there unique factors that make the applicant especially worthy of scholarship support (i.e., talent, self-directed, an ethnic minority, resides in a single parent home or low-income situation, etc.)?

- Provide any other information about the applicant. _____

PRINT NAME: _____
(LAST) (FIRST) (RELATIONSHIP / TITLE)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

SIGNATURE DATE TELEPHONE #