

**PERSONAL REFERENCE FORM #1**  
**TENSAS REUNION SCHOLARSHIP GRANTS**  
**(FAMILY MEMBER, FRIEND, EMPLOYER, MINISTER, ETC.)**

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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 30th.**

- 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 #