



Reference Form

Directions to Applicant:

Your signature indicates that you waive any right to access this letter of recommendation.

Applicant Signature _____ Date _____

Name (Please Print) _____

Directions for Completing Scholarship Reference Form:

The above applicant is applying for a scholarship at the Wichita Falls Area Community Foundation. We would appreciate your response to the questions on both pages of this form. Prompt return of this form will assist the applicant in meeting eligibility requirements for a scholarship. You may return this completed scholarship reference form to the Wichita Falls Area Community Foundation:

Wichita Falls Area Community Foundation
2405 Kell Blvd, Ste 100
Wichita Falls TX 76308

How long have you known this student? _____

In what capacity? _____

If former or current teacher, please list the courses you have taught this student, with the student's year in school, and indicate if advanced, dual credit, or honors courses.

What do you consider to be this student's academic and / or personal strengths?

What areas call for growth and improvement?

Please check the most appropriate box concerning this student:

| | No Basis for Judgment | Below Average | Average | Above Average | Excellent | One of the most notable in my career |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| Creative, original thought | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall academic ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extracurricular Involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership Potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Response to constructive criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interaction with peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please use the space below to provide us with any additional information or comments about the applicant that you feel would aid in making our selection (example: personal or family hardships, financial need, etc.)

Signature _____ Date _____

Name (Please Print) _____

Address _____

City / State / Zip _____

Phone (_____) _____