

**S/SGT JAMES M. RAY SCHOLARSHIP**  
**REFERENCE FORM**

(To be filled out by high school counselor, college department head or college instructor)

REGARDING: \_\_\_\_\_, Scholarship Applicant. BIRTHDATE: \_\_\_\_\_

Please furnish information which might be useful to the Scholarship Committee in considering the applicant for a scholarship. Please note our scholarship awards are based solely on merit, and not financial need.

1. What is the nature and extent of your acquaintance with the applicant?  
\_\_\_\_\_  
\_\_\_\_\_
2. Give reasons you feel this applicant should be considered for this scholarship?  
\_\_\_\_\_  
\_\_\_\_\_
3. What is your impression of his/her school citizenship record?  
\_\_\_\_\_  
\_\_\_\_\_
4. Are you familiar with the applicant's involvement and participation in school activities and/or school service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Are you familiar with any special school achievements or awards the applicant has received?  
\_\_\_\_\_  
\_\_\_\_\_
6. At this point in time, is applicant meeting graduation requirements? \_\_\_\_\_
7. Additional comments, if desired. \_\_\_\_\_

Signature: \_\_\_\_\_ Position/Title \_\_\_\_\_  
Name of School: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize the appropriate certificated school personnel to have access to the scholarship applicant's records, for the purposes of completing the Scholastic Reference Form.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Pupil (if 18 years or older) \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form in a sealed envelope to the applicant.**  
**Applicant will submit this completed Reference Form and the Scholarship Application (attached).**