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Scholarship Application Reference Form

APPLICANT: Please print your name and information below and give this form to your reference.

Applicant's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Daytime Phone: _____ Cell Phone: _____

I willingly waive my right to review this recommendation knowing that this waiver is not required as a condition for scholarship consideration.

Guardian Signature: _____ Date: _____

REFERENCE: Thank you for helping with this reference. It will assist LongviewWOW in evaluating the applicant. Your confidential information will be used in assessing the applicant's need for financial assistance. Please keep in mind that the applicant's file will not be reviewed until this form is returned.

Referent's Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Daytime Phone: _____ Cell Phone: _____

The applicant displays a readiness to learn. **YES** **NO** **unable to observe**

The applicant can follow age-appropriate directions, comprehends age-appropriate verbal instructions and can provide age-appropriate self care. **YES** **NO** **unable to observe**

When working with others, the applicant: *(circle one or more)*
causes friction **usually cooperative** **avoids group activities**
works well with others **unable to observe**

I recommend this applicant for financial assistance. **YES** **NO**

How long have you been acquainted with the applicant? _____

How well do you know the applicant? **very well** **well** **casually**

Please feel free to provide additional remarks which would assist in evaluating the applicant.
