

ARMENIAN STUDENTS' ASSOCIATION OF AMERICA, INC.
Reference Form for Scholarship Committee

CONFIDENTIAL: **This form should be sent directly by the person providing the reference.**

We would greatly value your appraisal of this candidate's abilities and potential. Please complete this form in its entirety in order for applicant to be eligible for review and return promptly to the Armenian Students' Association office at 333 Atlantic Avenue, Warwick, Rhode Island 02888.

Application for financial assistance has been made by (*Student's Name*)

Student's Last Name First Name College or University

How long have you known the applicant? _____

What is your occupation? _____

What is your relationship to the applicant? _____

Please rate the applicant on the following scale by placing the appropriate number in the space provided in the right column. **It is necessary that the scale be completed in order for us to accurately judge the applicant.**

No basis for judgement Below Average Average Good Excellent Exceptional
0 1 2 3 4 5

Self Discipline	_____	Creativity	_____
Motivation	_____	Responsibility	_____
Maturity	_____	Community Involvement	_____
Integrity	_____	Leadership Skills	_____
Social Interaction	_____	Communication Skills	_____

Your candid comments about this person would also be very helpful, particularly regarding such matters as: Financial need, extracurricular activities, volunteer work, etc. Please feel free to use the reverse side of this form for any additional comments. Thank you very much.

Print Name

Address

Signature