

**Reference Form**

**Tuition Assistance Application**

This Reference Form must be completed by individuals who know you well and are selected from the following: school teacher, school counselor, coach, church pastor, church youth pastor, school on-site administrator or persons in other similar roles and returned by them directly via this form or using the PDF form attached at the bottom of the Home page and received before June 1.

(Applicant name) \_\_\_\_\_ is requesting tuition assistance from the Jim and Shirley Suttle Scholarship Fund administered by the Baptist Foundation of Oklahoma. Please provide the requested information for use by the Fund Advisory Committee in evaluating the prospective student.

**Your honest and forthright comments are appreciated. The contents of your recommendation will be held in strict confidence.**

- |   |                    |           |              |
|---|--------------------|-----------|--------------|
| 1. How long have you known the applicant?           | _____ months/years |           |              |
| 2. How well do you know the applicant?              | Very Well          | Well      | Casually     |
| 3. How frequently do you interact with the student? | Weekly             | Regularly | Sporadically |
| 4. Have you interacted with the student's family?   | Weekly             | Regularly | Sporadically |

Please rank the applicant in the following areas: High>-----<Low

Demonstrates good moral character  
Examples: 5\_\_ 4\_\_ 3\_\_ 2\_\_ 1\_\_

Demonstrates cooperative attitude  
Examples: 5\_\_ 4\_\_ 3\_\_ 2\_\_ 1\_\_

Demonstrates age-appropriate emotional maturity  
Examples: 5\_\_ 4\_\_ 3\_\_ 2\_\_ 1\_\_

Demonstrates respect for authority  
Examples: 5\_\_ 4\_\_ 3\_\_ 2\_\_ 1\_\_

Please indicate significant activities, special interest or abilities of this applicant.

Please provide any other information, observations or comments regarding this student which you think the committee should consider.

Recommendation for tuition assistance for this student, in lieu of other applicants, from this tuition assistance program.

- Strongly Recommend
- Recommend
- Recommend with reservations
- Do not recommend

Signature: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Relationship to Applicant:

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

All Applications and Reference Forms must be received by June 1.

Thank You. Please complete online or return by mail to Advisory Committee, Jim and Shirley Scholarship Fund, 2528 W. Carrier Rd, Enid, OK 73703