



2018 Reference Form

Sandy Sokol Memorial Fund

16131 FM 912

Washington, Texas 77880

(979)421-0310

Applicant's Name: Last

First

Address

City

State

Zip

Email

This section must be completed by a non-related outstanding member of society.

Reference's Name:

Title or Position:

How long have you known the applicant?

In what capacity?

Please indicate whether or not you would recommend this student as a candidate for a scholarship on the basis of:

- | | | |
|------------------------------|-----------|----------|
| 1. Academic record & promise | Yes _____ | No _____ |
| 2. Character | Yes _____ | No _____ |
| 3. Leadership | Yes _____ | No _____ |

Please indicate the financial need of the applicant (**REQUIRED – This scholarship is based upon financial need) and any other remarks or comments **(No Additional Pages Accepted.)**

Signature

Date

*Please return this form to the student in a sealed envelope for submission to the SSMF office or email to courtney@sandysokolmemorialfund.com
Scholarship applications must be postmarked or emailed by **May 15th**. Please return your reference form in a timely manner.