

Bill Dickey Scholarship Association

1241 East Washington Street, Suite 101

Phoenix, AZ 85034

Phone: (602) 258-7851 ♦ Fax: (602) 258-3412

PERSONAL REFERENCE FORM

(This form is to be submitted with the completed scholarship application)

Name of Applicant:		Last Four Digits Social Security #:	
--------------------	--	--	--

As a personal reference for a BDSA scholarship applicant, please provide comprehensive responses to each of the following questions. If you need additional space, use the back of this form. Please type or write legibly.

How long have you known the applicant?		In what capacity?	
--	--	-------------------	--

Why do you believe that the applicant will be successful in pursuit of a college degree?

What is your assessment of the applicant's academic ability?

What is your assessment of the applicant's community service and/or involvement?

Describe the applicant's participation in golf:

Are there any unique factors that you think make the applicant especially worthy of receiving academic support (special talents, demonstrated need for financial assistance, single parent, etc.)?

Your Name: _____ Position/Title: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature

Date

3/9/2018