



Reference Form

Soroptimist International of the Tri Cities Spread Her Wings Award

Name of Applicant _____

Please use your personal knowledge of this candidate to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, friend etc.)?

4. What is your knowledge of the candidate's educational goals, and her progress toward achieving these goals? Consider any barriers or difficulties she has overcome.

5. Is there any additional information we should know about this applicant in regard to this award program?

Completed by:

(Please email completed reference form to the applicant for submission with her application.)

Name

Date

Title

Organization

Email

Telephone