



School of Education
Faculty Reference Form

(Please type or print)

Part 1: To be completed by student

Name: Last First MI SSN:

College Address: Street City State Zip

Home Address: Street City State Zip

Home Phone: () Alternate Phone: ()

Degree Program:

Part 2: To be completed by faculty member

Please comment on the applicant's academic performance and personal traits, noting both his/her overall academic ability and any outstanding qualities of character, diligence, and leadership in student affairs. You may use a separate sheet for this section.

By checking the appropriate column, please rate the applicant on the following:

Table with 5 columns: Superior, Excellent, Good, Average and 3 rows: Character, Leadership, Diligence

Name (please print):

Signature:

Date:

Application must be sent to: Scholarship Committee • School of Education • Norfolk State University 700 Park Avenue • Norfolk, Virginia 23504