



Altrusa International Foundation Scholarship

ASTRA College/University Scholarship Reference Form

PLEASE USE THIS FORM ONLY. No additional pages or documents will be accepted.

Scholarship applicant name:

Your name: Date:

Capacity in which you know the applicant: (Check one) Community Leader
 ASTRA Advisor or Altrusa Club Member Faculty Member

1. In your association with the applicant, state how they have demonstrated TWO of the following FOUR characteristics or accomplishments: 1) leadership or academic ability; 2) accepted and followed through on responsibilities; 3) shared their talents; and 4) personal achievements they have accomplished either at the university or in the community:

2. Additional information or comments that would help the Judging Committee assess this applicant: