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:

Revised/Approved by Altrusa International Board 10/5/2019