NYCHA & Walton Family Foundation Scholarship Program and NCHA Charities /Cutters-In-Action Scholarship Program

Scholarship Reference Form

Applicant's Name: _____
Last First Middle

Address: _____
Street City State Zip

This section must be completed by an NCHA Area Director or Affiliate Officer

Name: _____

Title or Position: _____

How long have you known the applicant? _____

In what capacity? _____

Please indicate whether or not you would recommend this student as a candidate for a scholarship on the basis of:

A. Academic record and promise Yes _____ No _____
B. Character Yes _____ No _____
C. Leadership Yes _____ No _____

Indicate financial need of applicant: _____

_____

Remarks/additional comments: _____

_____

_____

_____

_____

_____

_____

Signature_____ NCHA #_____Date _____

Please return this form to:
(do not return to student)

Dayna Smith
NCHA Youth Coordinator
260 Bailey Avenue
Fort Worth, TX 76107

*Scholarship applications must be postmarked by May 15. Please mail your reference form in a timely manner.