**TEACHER/PROFESSIONAL REFERENCE**

*Deadline: March 23, 2024*

Applicant: Print or type your name and give this form to a current or former teacher or work colleague. Choose someone who can best support your application while providing insightful, useful information concerning your candidacy.

***This form must be uploaded or emailed by March 23, 2024 to sarah@charros.com***

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name |  |  |  |
|  | Last | First | Middle |

*I request that this form be sent to The Charro Foundation for application for the Scottsdale Charros Safe Haven College Scholarship. I understand it will be used in support of my application and that I may not seek to read the evaluation submitted.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Reference Name | |  | | | | | |
|  | | First and Last | |  | |  |  |
| Phone |  | | Email | |  | | |

|  |  |  |
| --- | --- | --- |
| What is the nature of your relationship with the applicant? |  | |
| What are the first words that come to mind to describe the applicant? | |  |

Please explain why you think the applicant should receive the Scottsdale Charros Safe Haven $50,000 College Scholarship.

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Reference Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_