

Arkansas State Golf Association  
P. O. Box 30250  
Little Rock, AR 72260

**CONFIDENTIAL REPORT – REFERENCES**

The student listed below has applied for a college scholarship from our association. Your Name has been given as a reference: any assistance in determining the worthiness of this student will be appreciated by our scholarship committee – and will be filed as strictly confidential. Your cooperation is requested in returning this form to the ASGA at the above address as soon as possible. In order for this applicant to be considered for a scholarship this report must be received by the ASGA no later than Friday, May 20, 2022.

**Applicant to complete this information:**

**NAME OF APPLICANT:**

\_\_\_\_\_  
Last First Middle

**Permanent Address:**

\_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_

High School Attending: \_\_\_\_\_  
Name City

The following information is to be completed by a reference and returned directly to the ASGA at the above address or emailing to [info@asga.org](mailto:info@asga.org) and [mblake@thefirstteear.org](mailto:mblake@thefirstteear.org)

What is your Association with the applicant? \_\_\_\_\_  
(Teacher, Employer, Neighbor, etc.)

How long have you known the applicant? \_\_\_\_\_

In your opinion is the above-named student fully qualified as to character, personality, leadership qualities, and scholastic achievements to merit consideration of an award of this kind? Please explain.

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What is your estimate of the applicant's ability and motivation in accomplishing college work?

☐ Superior ☐ Above Average ☐ Average ☐ May have difficulty

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_