

James R. Clark Memorial Sickle Cell Foundation

2024 JAMES R. CLARK MEMORIAL SCHOLARSHIP

PERSONAL REFERENCE

Applicant Name _____

Your Name _____

Address _____

Phone Number _____

How long have you known the applicant? _____

Describe the context from which you know the applicant.

The applicant is requesting scholarship aid. Based on your knowledge, please comment on his/her character. (Attach additional sheet if needed)

Signature

Date