



**Ralph Nash Memorial Scholarship Application
Character Reference**

Date _____

Name of Applicant _____

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

Please rate the applicant on a scale of 1-10 in the following areas (10 being the highest).

1. Motivation 1 2 3 4 5 6 7 8 9 10

2. Responsibility 1 2 3 4 5 6 7 8 9 10

Additional comments related to the applicant: _____

Signature _____

Date _____

Please return completed applications **by January 15** to:

Ralph Nash Memorial Scholarship
C/O Lisa Sellers
3142 E. Rock Wren Rd.
Phoenix, AZ 85048