



University of Houston  
Department of Hispanic Studies

## Hispanic Studies

### Undergraduate Scholarship Reference Form

Note to student: Please fill out the top portion of this form and save the document with your name.

Name of Applicant:	Student ID #:
Scholarship :	Date of application:
Referee Name:	Title:
Department:	Institution:

**(To be completed by Referee):**

1) How long and in what capacity have you known the applicant?

2) Depending on the student's level of study in Spanish, please indicate the applicant's ability and competency in the following areas:

Oral Skills in Spanish	0 to 4 (4 the highest)	_____
Writing Skills in Spanish	0 to 4 (4 the highest)	_____
Leadership potential	0 to 4 (4 the highest)	_____
Team work ability	0 to 4 (4 the highest)	_____
Potential for growth in chosen field	0 to 4 (4 the highest)	_____

Total point value: \_\_\_\_\_

3) Please use the space below for any additional comments.

Signature of Referee \_\_\_\_\_ Date \_\_\_\_\_