

# HARRIET LYNN NORRIS SCHOLARSHIP REFERENCE

To be completed by Principal, Advisor, or Faculty

Please Type or Print

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's stand in class:   Upper 25% \_\_\_\_\_   Upper 50% \_\_\_\_\_  
  Lower 25% \_\_\_\_\_   Lower 50% \_\_\_\_\_

Applicant's general character is: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

Applicant gets along with fellow students: Well \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

The attitude of the applicant towards his work and his school supervisors:  
Excellent \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Poor \_\_\_\_\_

In your opinion is the applicant deserving of this scholarship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(If further explanation necessary, use back of form)

Applicant's scholastic record (Please attach official transcript along with SAT or ACT and all other scores on standardized testing)

Remarks: \_\_\_\_\_

\_\_\_\_\_  
(Principal, Advisor, or Faculty Member)

Please sign and submit this form and all pertinent information directly to the following:

Harriet Lynn Norris Memorial Trust  
c/o Judy Sullivan  
6613 Gaywind Drive  
Charlotte, NC 28226

(Revised 2013)