



REFERENCE QUESTIONNAIRE

Instructions: Type your responses, using as much space as needed to fully answer each question. Personal references cannot be related to the applicant.

Return the completed form electronically to the applicant, who will submit it as part of their application. Applications are due by **February 15, 2026**.

Type of Reference: ___ Academic (e.g., Professor, Instructor, Advisor)
 ___ Personal (e.g., Counselor, Employer, Clergy)

Name of Applicant:

Name of Reference Provider:

Relationship to Applicant:

Provider's Telephone Number:

Provider's Email:

May we contact you regarding this applicant? ___ Yes ___ No

In what capacity do you know this student?

How long have you known the student? ____ years

Why, in your opinion, should Assistance League of Sacramento select this student for a scholarship?

Date completed:

References may be verified.