



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 (choose one): _____	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: (Choose from the drop-down menu.)

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 \_\_\_\_\_