

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: _____

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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

1900 Windsor Run Lane, Apt 118

Matthews, NC 28105