**PFLAG Hampton Roads Scholarship**

**Reference Form**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PFLAG is a national non-profit organization supporting, educating, and advocating for the LGBTQIA community with over 200,000 members and over 400 chapters in the United States. Our local PFLAG chapter is pleased to offer a scholarship to students entering or currently enrolled in post-secondary education in the 2025/26 academic year.

Completing this form will assist our PFLAG Scholarship Committee in evaluating this student’s application. The application package must be submitted no later than April 30th, 2025.

**Submit to:**

 By E-Mail: PFLAGHRSCHOLARSHIP@GMAIL.COM

 By Fax: (929) 259-3517

 By Mail: PFLAG Scholarship

 931 Shirley Ave

 Norfolk, VA 23507

The Scholarship Advisory Committee understands that it takes time to consider what you want to share about this student. We appreciate your efforts in completing this reference form.

Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your relationship to the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe your experience with this student?
2. Describe the student’s work ethic, leadership abilities, and influence in their community?
3. Help us know this student as you do. What else do we need to know about this student?