

CONFIDENTIAL REFERENCE FORM

Thank you for providing a reference for the student named below, who is applying for a District/Authority Scholarship in the indicated area of interest. Please complete the form and return it confidentially to the Career & Post-Secondary Advisor at the student's school. This may be in a sealed envelope with your signature across the envelope flap or via email directly from you to the Career & Post-Secondary Advisor.

Student Name _____ Student's school _____

Career & Post-Secondary Advisor Name _____ Focus area _____

Career & Post-Secondary Advisor Email _____

1) How long and in what capacity have you known the applicant?

2) Please rate and comment on the applicant based on your experience:

| | <u>Excellent</u> | <u>Good</u> | <u>Fair</u> | <u>Minimal</u> | <u>N/A</u> |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Initiative/Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Collaboration/Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical Thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Effort/Attitude/Participation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) Please comment on the applicant's unique strengths as they pertain to their chosen focus area. Include examples that illustrate the applicant's strengths.

4) Other comments you wish to make in support of this applicant.

5) Your Name _____ Position/Organization _____

Email and/or phone number _____

Signature _____ Date _____