



### 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 South Delta Secondary School

Career & Post Secondary Advisor Name Ms. Trisha Amstutz Focus area \_\_\_\_\_

Career & Post Secondary Advisor Email tamstutz@deltasd.bc.ca

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"/>
Creativity	<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 \_\_\_\_\_