

District District/Authority Scholarship ~ Delta School District 2023/2024 Application Package

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 Delta Secondary				
Career & Post-Secondary Advisor Nan				Focus area	
Career & Post-Secondary Advisor Email kjew@deltaschools.ca 1) How long and in what capacity have you known the applicant?					
Initiative/Motivation		<u>300u</u>	<u>ran</u>		
Collaboration/Leadership	_	_	_	_	_
Critical Thinking	_	_	_	_	
Communication Skills	_	_	_	_	_
Effort/Attitude/Participation	_		_	_	_
Please comment on the applicant's illustrate the applicant's strengths.	unique strengths a	s they pertain	to their chose	n focus area. Inc	lude examples
l) Other comments you wish to mak	e in support of this	applicant.			
i) Your Name	Position	/Organization			
Email and/or phone number					
Claundare		Date			