

District/Authority Scholarship ~ Delta School District 2020/2021 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	9	Student's sch	ool			
Career & Post Secondary Advisor Nar	ne	Focus area				
Career & Post Secondary Advisor Email						
1) How long and in what capacity ha	ve you known t	he applicant?				
2) Please rate and comment on the a	applicant based	on your expe	rience:			
	Excellent	<u>Good</u>	<u>Fair</u>	Minimal	<u>N/A</u> □	
Initiative/Motivation				Ш		
Collaboration/Leadership						
Creativity	Ш					
Critical Thinking						
Communication Skills						
Effort/Attitude/Participation						
3) Please comment on the applicant' Include examples that illustrate th			ertain to thei	r chosen focus a	rea.	
4) Other comments you wish to ma	ake in support o	f this applica	nt.			
5) Your Name	Po	sition/Organi	zation			
Email and/or phone number						
Signature		Date				