

Brookwood Secondary School District Authority Scholarship Reference Form

- CONFIDENTIAL -

The BSS Scholarship Committee values your input and recommendation about this applicant, as a limited number of District Authority Awards are available for BSS students in the indicated area of interest. Please complete this form and return it to the student in a sealed envelope with your signature across the seal.

Applicant's Name: _____ Referee's Name: _____

Area of Interest: _____

1) In what capacity (i.e. teacher, counsellor, coach, employer, etc.) have you known the applicant?

2) How long have you known the applicant? _____

3) How well do you know this applicant? (Please circle one) Very well Well Casually

4) In comparison with other students you have known, how would you rate this applicant in the following categories with respect to their area of interest? **Indicate** the best fit for the student in each category.

	Outstanding	Excellent	Very Good	Good	Average	Below Average
Initiative / Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration/Teamwork	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Contribution/Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic/Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coach ability/Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion/Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation: (Please circle one): **Highly Recommend** **Recommend** **Not Recommend**

Please comment on the applicant's unique strengths in their area of interest and include illustrative examples.

Please complete the following:

Referee's Signature: _____ Date: _____