

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	Stud	ent's school _				
Career & Post-Secondary Advisor Name			Focus area			
Career & Post-Secondary Advisor Email						
1) How long and in what capacity have	•					
2) Please rate and comment on the a		· ·		Add to all		
Initiative/Motivation	<u>Excellent</u> —	<u>Good</u> —	<u>Fair</u> —	<u>Minimal</u> —	<u>N/A</u> —	
Collaboration/Leadership						
Critical Thinking						
Communication Skills						
Effort/Attitude/Participation						
3) Please comment on the applicant' illustrate the applicant's strengths		as they pertain	to their chose	n focus area. Inc	:lude examples	
4) Other comments you wish to ma						
		Position/Organization				
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Signature		Date				