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 email it to Dragana Djordjevic at djordjevic_d@surreyschools.ca by 11:59 pm on April 1, 2024. Enclosure of additional information on a separate document (PDF preferred) is also encouraged.

| Student Name: | | | | | | |
|--|------------------|--------------------|---------|---------------|-----------------|--------|
| Area of Interest: | | | | | | |
| 1) How long and in what capac | city have you k | nown the applic | ant? | | | |
| 2) Please rate and comment of | n the applicant | 's quality of attr | ibutes | | | |
| | <u>Excellent</u> | <u>Very Good</u> | Good | <u>Fair</u> | <u>Poor</u> | |
| Initiative/Motivation | | | | | | |
| Collaboration/Leadership | | | | | | |
| Creativity | | | | | | |
| Critical Thinking | | | | | | |
| Communication Skills | | | | | | |
| 3) Please comment on the app Please include examples that | | | | o their chose | en area of inte | erest. |
| 4) Other comments you wish | to make in sup | oport of this app | licant. | | | |
| Your Name | | Pc | osition | | | |
| Signaturo | | Da | to | | | |