



REFERENCE FORM
SULLIVAN HEIGHTS SCHOLARSHIPS

Forms are due in a counsellor's mailbox before the 2nd Thursday of April every year
Please DO NOT give the completed form back to the student

Student's name _____

Table with 2 columns: Name of teacher reference, Subject/grade level. Includes example text: Ex. Ms. Heidi Nielsen, Ex. English 12 and Literature 12.

Please rate the student in the following areas:

- 1. Student's achievement: Top ____% of students in subject(s) that school year
2. Student's work habits: Top ____% of students in subject(s) that school year
3. Student's relationships with teachers/students: Top ____% of students in subject(s) that school year
4. Student's level of initiative: Top ____% of students in subject(s) that school year
5. Additional Comments:

Five horizontal lines for writing additional comments.

- checkbox I enthusiastically recommend this student for a scholarship
checkbox I recommend this student for a scholarship
checkbox I do not recommend this student for a scholarship

Signature _____ Date: _____

Additional letters of reference will not be considered