



FIRST COAST CHAPTER ICC ~ BOAF SCHOLARSHIP REFERENCE FORM 2020

Applicant's Name:

Note: Please complete this form, filling in all of the required information, and then return it to the applicant for submittal with the application. The First Coast Chapter ~ BOAF Scholarship Committee will hold comments in strict confidence.

Please indicate Type of Reference: ___ Faculty ___ Teacher ___ Personal ___ Professional

1. I have known the applicant for _____ years.

2. The applicant's general reputation and character are

3. I believe the applicant's scholastic ability to be: _____ fair _____ average _____ good
_____ excellent _____ superior

4. I believe the applicant's dedication to study to be: _____ fair _____ average _____
good _____ excellent _____ superior

5. I ___ would OR ___ would not recommend the applicant for a scholarship/grant because:

Individual Providing Reference

My profession is:

I am associated with _____

Name _____

Please print

Signature _____

Address _____

Telephone (_____) _____

Date _____