

**ADAMS-COLUMBIA ELECTRIC COOPERATIVE**  
**JON STEINHAUS LINE WORKER**  
**SCHOLARSHIP APPLICATION REFERENCE FORM**

For Office Use Only Date Received: <hr style="width: 80%; margin: 5px auto;"/>
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**Send to A.C.E.C., Attention: Jon Steinhaus Line Worker Scholarship Program, P.O. Box 70, Friendship, WI 53934-0070 no later than September 30, 2010. If this reference form is not received or postmarked by that date, the student's application will not be considered.**

Name of Applicant: \_\_\_\_\_

The above named applicant has given your name to us as a reference in evaluating his/her scholarship application. Based on your experience(s) with the applicant, we would appreciate any insight you may be able to provide.

**Please be as specific as possible.** You need not list the applicant's activities, grades, or future plans; those are reported in the application form. All information will be held in the strictest confidence.

	Below Average	Average	Above Average	Excellent	Outstanding
<b>Scholastic</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adaptability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reliability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Integrity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-discipline</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Attendance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you know the applicant? If you were a teacher or coach, give the subject; if employer, the company. Please include length of time you have known the applicant and any additional comments.

Signature: \_\_\_\_\_

Print or Type Your Name: \_\_\_\_\_

Place of Employment and Position Held: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_