

**ADAMS-COLUMBIA ELECTRIC COOPERATIVE  
SCHOLARSHIP APPLICATION REFERENCE**

For Office Use Only  
Date Received:  
\_\_\_\_\_

**Send to A.C.E.C., Attention: Scholarship Program, P.O. Box 70, Friendship, WI 53934-0070 no later than February 9, 2018. If your reference is not 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 and concise 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.

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>	<b>Outstanding</b>
<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: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_