

For Office Use Only

Date Received:

Adams-Columbia Electric Cooperative Educational Scholarship – Reference Form

Name of Applicant: _____

The named applicant above has given your name to us as a reference in evaluating his/her scholarship application. Based on your experiences(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.

Once complete, please mail to Adams-Columbia Electric Cooperative, ATTN: Scholarship Program, P.O. Box 70, Friendship, WI 53934 no later than **Friday, February 24 2023**. If your reference is not postmarked by that date, the student's application will not be considered.

	Below Average	Average	Above Average	Excellent	Outstanding
Scholastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<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: _____ Date: _____

Print Name: _____

Place of Employment and Position Held: _____

Business Telephone Number: _____