

For Office Use Only
Date Received:

Adams-Columbia Electric Cooperative 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 return the reference form to the student so they can include it with their application. The scholarship application deadline is **Friday, February 28, 2025**. Please be mindful of the time you return the form to them so they have enough time to complete their application by the deadline.

| | 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: _____