Logo, company name

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**Scholarship Reference Form**

Please submit Reference Form to Awards at [awards@aafcs.org](mailto:awards@aafcs.org) no later than January 11, 2023. Please name your document the candidate’s last name

|  |  |
| --- | --- |
| **Candidate Name:** |  |

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| --- |
| **How long and in what capacity have you known the applicant?** |
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| --- |
| **In your opinion, what do you feel are the candidate’s strengths?** |
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| **In your opinion, what do you feel are the candidate’s weaknesses?** |
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| --- | --- | --- | --- | --- | --- |
| **By marking the appropriate box with an ‘X’, please rate the candidate on each of the following characteristics (as compared to his/her peers).** | | | | | |
| **Characteristic** | **Below**  **Average** | **Average** | **Above Average** | **Superior** | **Unknown to Me** |
| Leadership |  |  |  |  |  |
| Organizational Skills |  |  |  |  |  |
| Problem-Solving Ability |  |  |  |  |  |
| Self-Motivation |  |  |  |  |  |
| Teamwork |  |  |  |  |  |

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| --- |
| **Please write a short summary of your primary reasons for recommending this candidate.** |
|  |

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| --- | --- | --- |
|  |  |  |
| *Reference Provider’s Name (Printed)* |  | *Relationship to Applicant* |
|  |  |  |
| *Signature of Reference Provider* |  | *Date Completed* |