

# CONFIDENTIAL REFERENCE FORM

To: \_\_\_\_\_

Reference for: \_\_\_\_\_

Please supply the requested information. I consent to the release of all reference information and specifically release you from all liability arising from your giving the requested information about me. I waive all rights that I may have to examine this reference information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

The above applicant has listed you as a reference. This reference form will be reviewed by scholarship committee members to assist in determining the recipient of certain scholarship funds. The reference is confidential and will not be shared with applicant. Please return:

**BY EMAIL TO:** barbara.jacoby@cherokee.k12.ga.us  
**OR BY MAIL TO:** Cherokee County School District  
 Office of Public Information, Communications and Partnerships  
 Attn: Scholarships  
 P.O. Box 769  
 Canton, GA 30169

Professional Traits	Excellent	Good	Average	Below Average	Not Observed
General Attitude					
Attendance/Punctuality					
Language/Communication Skills					
Dependability/Reliability					
Self-Control					
Ability to Work with Others					
Ability to Accept Criticism					

**PLEASE RESPOND TO THE FOLLOWING:**

- What is your relationship with the applicant?  
 I am/was the applicant's: Friend    Supervisor    Co-worker    Other \_\_\_\_\_
- Period of time you known/observed the applicant:  
 From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
                     Mo                      Yr                                      Mo                      Yr
- Applicant's position/job title, if applicable: \_\_\_\_\_
- Do you recommend this person receive scholarship funds over other eligible applicants? Yes    No
- Do you prefer that we call for additional information? Yes Phone Number \_\_\_\_\_ No

Reference Name (please print): \_\_\_\_\_

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