

Hamilton Community Foundation Scholarship

P. O. Box 283, Aurora, NE 68818

Confidential Reference Form

Name of Applicant: _____ How long have you known the applicant?: _____

In what capacity?: _____

Please rate the applicant in the following areas of character: (1 – Lowest 5 – Highest)

Intellectual Achievement	<input type="checkbox"/>	Cooperativeness	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	Thoroughness	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	Self-expression	<input type="checkbox"/>
Disposition	<input type="checkbox"/>	Originality	<input type="checkbox"/>
Poise or Self-control	<input type="checkbox"/>	Judgment or "Common Sense"	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	Leadership	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	Persuasive ability	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	Resourcefulness	<input type="checkbox"/>
Acceptance by Others	<input type="checkbox"/>	Potential for post-secondary success	<input type="checkbox"/>

Please provide some statements concerning special qualities, abilities, strengths, weaknesses that you would like to convey to the selection committee for their consideration.

I highly recommend _____ I recommend _____ I recommend with reservation _____

Your Name

Your Title

Date