



National Scholarship Program

Reference Form

271, Spadina Road, Toronto, ON M5R 2V3 • Voice: 1-866-518-0000 • TTY: 1-877-215-9530 • Fax: 1-866-781-8999

Please email your completed form to submit@chsglobalpartnerships.com no later than 4:00 p.m. E.S.T. on May 26, 2023.

I, _____, have known _____ for _____ in the following capacity: _____
(YOUR FULL NAME) (APPLICANT'S FULL NAME) (# OF MONTHS/YEARS)

Please check the box that best describes each aptitude. Comments are optional.

Behavioral Indicators	Outstanding	Excellent	Above Average	Below Average	Unable to Evaluate	Comments
Demonstrates self-advocacy						
Demonstrates initiative and self-motivation						
Demonstrates leadership skills						
Exercises good judgement and consults as need						
Demonstrates creative and innovative thinking						

Behavioral Indicators	Outstanding	Excellent	Above Average	Below Average	Unable to Evaluate	Comments
Demonstrates respect for social and cultural differences						
Cultivates effective relationships						
Seeks honest feedback from others						
Demonstrates compassion and empathy						
Demonstrates values and ethics in personal behavior						

Date (MM/DD/YYYY)

Signature

Referrer's Address, City, Province, Postal Code

Phone / TTY

E-mail Address