

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 April 26, 2024.								
Ι,	, have known		for	in the following capacity:				
(YOUF	R FULL NAME)	(APPLICANT'S FULL NAME)	(# OF MON	THS/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/YYY	Date (MM/DD/YYYY)			Signature				
Your Address, City, Province, Postal Code								
Phone / TTY				E-mail Address				