Scholarship/Bursary/Award Reference Form

Applicant's Name: _____

"Reference should not be a friend or relative to the candidate."
Not limited to CNA Instructors

Name of Scholarship/Bursary/Award:_____

Please indicate how long and under what circumstances you have known the applicant:

_____

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_____

Explain why you believe this individual is a worthy candidate for this scholarship/award/ bursary:

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If you require more space, please attach a separate sheet.

Please rate the applicant in the following areas by circling the appropriate numerical value or by checking "Unable to Assess":

	Excellent	Very Good	Good	Fair	Poor	Unable to Assess
Initiative	4	3	2	1	0	
Leadership Qualities	4	3	2	1	0	
Interaction With Others	4	3	2	1	0	
Works Independently	4	3	2	1	0	
Respect	4	3	2	1	0	
Professional Attitude	4	3	2	1	0	
Listening Skills	4	3	2	1	0	
Communication Skills	4	3	2	1	0	
Maturity	4	3	2	1	0	
Task Oriented	4	3	2	1	0	
Attendance/Punctuality	4	3	2	1	0	
Performance	4	3	2	1	0	

Name *(please print)*:_____Telephone:_____

E-Mail Address:_____

Signature:_____Date:_____

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and the Alumni & Advancement Office are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.