

# Lake Land College Work & Learn Program Reference Form

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Name of Candidate:

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Program of Study:

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Name of Evaluator:

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**To the Evaluator:** Please rate the scholarship candidate on the following characteristics, answer the questions and include personal comments in the space below. This evaluation will become part of the candidate's official scholarship application and shared with members of the scholarship committee and workplace supervisors. Please return the completed reference form directly to the scholarship candidate for inclusion in the application packet.

**Rating:** Please rate the scholarship applicant on the following skills.

Scale: 4-Superior; 3-Good; 2-Average; 1-Poor; NA- No Opportunity to Observe

\_\_\_\_\_ Scholarship

\_\_\_\_\_ Integrity

\_\_\_\_\_ Spirit of Cooperation

\_\_\_\_\_ Thoroughness in Preparation

\_\_\_\_\_ Leadership

\_\_\_\_\_ Initiative

\_\_\_\_\_ Oral Communication

\_\_\_\_\_ Poise and Self Control

\_\_\_\_\_ Attitude

\_\_\_\_\_ Sense of Responsibility

\_\_\_\_\_ Personal Appearance

\_\_\_\_\_ Growth Potential

\_\_\_\_\_ Maturity of Judgment

\_\_\_\_\_ Written Communication

How long have you known the candidate? \_\_\_\_\_ years \_\_\_\_\_ months

In what capacity (employer, teacher, neighbor, friend, etc.) do you know the candidate? \_\_\_\_\_

How well do you know the candidate?  very well  fairly well  casually

**Comments:** Please comment on the candidate's potential and ability to benefit from the Work & Learn Program.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_