



# Oregon Employer Council South Coast Scholarship **REFERENCE FORM**

Name of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**APPLICATION DEADLINE**  
*This form must be postmarked or emailed no later than **April 12, 2019.***

**PERSONAL REFERENCE:** This form is to be completed by a non-family member, such as an employer, academic advisor/counselor, teacher, church representative, or adviser for community activities.

The above-named student is being considered for a scholarship from the Oregon Employer Council South Coast. *Your reference* attests to the applicant's ability to benefit from, and their ability to succeed, in attending a vocational or technical program.

Please complete the following rating form and answer the following questions as completely as you can.

Applicants' Characteristics	Low 1	2	3	4	High 5	Comments
Educational / Vocational Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seriousness of Education/Training Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative & Ambition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability & Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1) What is your relationship to the applicant and how long have you known him/her?

2) Describe the strengths and character of this applicant.

3) In your judgment, is this person likely to follow through with their educational plans and/or vocational training?

Name of Referrer	
Title	
Organization	
Telephone	
Email	

## Print and Sign

Referrer Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Your signature is not required if sent from your organization email account.)

### To Return by Mail to:

Oregon Employer Council South Coast  
Scholarship Committee  
PO Box 1354  
North Bend, OR 97459

### To Return by Email to:

[oeCSouthCoast@gmail.com](mailto:oeCSouthCoast@gmail.com)

### **DEADLINE FOR REFERENCE SUBMITTAL**

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