

**VICTOR ELEMENTARY EDUCATION FOUNDATION
SCHOLARSHIP PROGRAM
REFERENCE FORM**

Signatures must be handwritten

APPLICANT NAME: _____

COLLEGE/TRADE SCHOOL TO WHICH ACCEPTED: _____

I waive the right to review information provided by the evaluator: yes _____ no _____

APPLICANT'S SIGNATURE: _____

TO THE REFERENCE:

This student is applying for a scholarship award to be given by the Victor Elementary Education Foundation. The information you provide will be most helpful to the scholarship committee. Since students have the right to determine whether or not they wish to have access to this evaluation, you should note the action they have taken.

DESCRIPTION AND EVALUATION OF APPLICANT

Please evaluate the applicant on the characteristics that you have observed in 300 words or less. Please address self-discipline, perseverance, initiative, integrity, consideration of others, creativity and academic promise. Your comments are valuable and appreciated.

Please state your relationship to the APPLICANT:
(e.g. teacher, coach, minister, business person) _____

How long have you known the applicant? _____

Your Name _____ Signature _____

Title _____ Phone _____

DEADLINE: February 16, 2018

Victor Elementary Education Foundation
Scholarship Program Committee
12219 2nd Avenue
Victorville, CA 92395
Telephone: (760) 245-1691