## INSTRUCTIONS

You have been asked to complete a reference form on behalf of a student applying for a scholarship administered through Scholarship Partners Canada. Both the applicant and our selection committee appreciate your time and support.

This reference form must be completed by an individual who is not related to the applicant. The form must be dated, typewritten, signed with an electronic or physical signature, and include your contact information. Reference forms must be dated within one year of the application deadline date. Please confirm the application deadline with the applicant.

Please read the questions in the following form and provide your assessment by typing directly in the text boxes.

Once you have completed the form, save the document as a PDF and send it back to the applicant so they may include it in their application.

For support, please open a Ticket through the UC Student Ticket System: https://portal.scholarshippartners.ca/ex/ex\_Apppage.jsp?token=Hw8ITR0GYV1QShNR&lang=1

## **GENERAL INFORMATION**

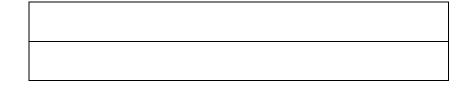
#### **Applicant Information**

- 1. Applicant Full Name:
- 2. Scholarship Name:

### **Referee Information**

- 1. Referee Full Name:
- 2. Position / Title:
- 3. Institution:
- 4. Address:
- 5. Telephone:
- 6. Email:





# **APPLICANT ASSESSMENT**

1. How long have you known the applicant and in what capacity? (max. 600 characters)

2. What is your assessment of the applicant's potential to successfully complete their program of study (max. 600 characters)

3. Why do you feel this applicant would be a good candidate for this award? (max. 1200 characters)

4. Please list three of the applicant's strengths (max. 75 characters per strength)

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5. Do you have any additional comments regarding the applicant and/or their candidacy for this award? (max. 600 characters)

### **SIGNATURE**

I hereby certify the information provided in this report is true and accurate to the best of my knowledge (please note that an original or digital signature is required; please upload an image of your signature, or sign by hand).

Click or tap to enter a

Date: date.

Please save this document as a PDF and send it to the applicant so they may include it in their application.

SCHOLARSHIP PARTNERS CANADA 1610-350 Albert Street Ottawa ON K1R 1A4 **Tel.:** (613) 563-1236 **Toll free:** 1-844-567-1237