

LIUNA! Local 527

Berardino Carrozzi Scholarship Awards

Reference Form

To be completed by Applicant

Applicant's Name: _____

Program: _____

To be completed by Evaluator

The student named above has applied for a scholarship award for the 2024 / 2025 scholastic year. Your evaluation of the applicant will be an important consideration in the awards process. Please complete this form, and return it as soon as possible to the Independent Selection Committee, LIUNA Local 527 Scholarship Fund, 6 Corvus Court, Ottawa, ON, K2E 7Z4. We appreciate your time and thoughtfulness on behalf of this student. Application materials are due July 5, 2024.

Evaluator's Name	Phone No.
School and Department	Email Address
How long have you known this applicant?	In what capacity?

Please evaluate the applicant regarding the following qualities:

	Please score on a scale from 1 – 10 (10 being the highest)
Intellectual ability	
Energy & Enthusiasm	
Ethics & Morals	
Leadership Potential	
Keenness to Volunteer	
Oral Skills	
Creativity	
Persistence & Drive	

Signature _____

Date _____