

# 2022 CHARACTER REFERENCE FORM

(To be completed by an adult who knows the applicant well. A recommendation from family member is not acceptable.)

*Please print in English using a pen with black or blue ink (no pencil). Typing is also acceptable. The envelope must be sealed and signed/stamped across the seal by a referrer.*

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

Applicant's name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Note the capacity in which you have known the applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## [Evaluation]

Please check the appropriate box for each question.

|                                    | Does't Meet Expectation  | Below Average            | Average                  | Good                     | Excellent                | Top Few                  | Unknown or Does not Apply |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| Confidence                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Maturity                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Moral/Social Responsibility        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Leadership                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Willingness to improve him/herself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Creativity                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Cooperativeness                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Willingness to help others         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Honesty/Integrity                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Emotional stability                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Overall evaluation as a person     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

- 1) If the student is relatively weak or strong in any areas listed above, please elaborate.
  
- 2) Please add any additional information that will give us a more complete picture of the student. Please attach an extra sheet, if necessary.

SAMPLE

**\* Please fill out all the information below.**

Name of the referrer \_\_\_\_\_ Signature \_\_\_\_\_

Name of organization \_\_\_\_\_ Phone \_\_\_\_\_

Address of organization \_\_\_\_\_ Email \_\_\_\_\_