

# Lyon County School District

## *Grow Your Own Scholarship Reference Form*

Applicant Information: _____
<div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Last Name</span> </div>

**TO THE REFERENCE:** Typing/writing your name in the spaces provided below, serves as your signature and confirmation of understanding. Please mark your responses to the questions below regarding this applicant's strengths and abilities. This form can be used instead of a letter of recommendation. Once completed, please email to [tgahr@lyoncsd.org](mailto:tgahr@lyoncsd.org). Your participation in the application process is greatly appreciated.

Please rank the applicant on the following characteristics/abilities by checking the boxes below:

QUALITIES	AVERAGE	GOOD	VERY GOOD
<b>Work Ethic</b>			
<b>Level of Initiative</b>			
<b>Communication Skills</b>			
<b>Builds Positive Relationships</b>			
<b>Problem Solving Skills</b>			

Please answer the questions below (use the back of this reference form for additional space or attach a separate document):

1. In what capacity, and for how long have you known this application?
2. What are the applicant's strengths as they might apply to a career in education?
3. Are there any areas you see needing improvement with the applicant?
4. Any additional information/comments?

Reference's Information:

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First Name
Last Name
Title & Workplace Location

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Signature
Date