

Lyon County School District

Grow Your Own Scholarship Reference Form

Applicant Information: _____		
First Name		Last Name
Select the relationship of the reference:		
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Other Professional	<input type="checkbox"/> Parent/Student

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.** 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
Work Ethic			
Level of Initiative			
Communication Skills			
Builds Positive Relationships			
Problem Solving Skills			

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 applicant?
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:

First Name	Last Name	Title & Workplace Location
------------	-----------	----------------------------

Signature

Date