ACADEMIC REFERENCE FORM

***This section is to be completed by the School Counsellor or Principal*.**

SECTION I.

APPLICANT INFORMATION					
LAST NAME		FIRST NAME		Middle Initial(s)	

SECTION II.

REFERENCE INFORMATION			
LAST NAME		FIRST NAME	
SCHOOL NAME		PROFESSIONAL TITLE	
ADDRESS			
CITY/ TOWN		POSTAL CODE	
PHONE NUMBER	(902)	FAX NUMBER	(902)
EMAIL ADDRESS	@		

LENGTH OF TIME ACQUAINTED WITH APPLICANT (YEARS)		STUDENT RANK GRADE XI		STUDENT RANK GRADE XII	
COURCES ARE SEMESTERED OR FULL YEAR (CHECK ONE)	SEMESTERED ☐	FULL YEAR COURSES ☐			

SECTION III.

Please provide any pertinent information which you believe makes the above student an ideal candidate for a Jordan Boyd Leadership Award (Include an attachment if necessary):

Applications must be postmarked no later than **April 24, 2020** and forwarded to:
Jordan Boyd Leadership Award, 81 Bradford Place, Bedford, NS B4B 0R7

SECTION IV.

Please provide a recommendation on applicant for this Leadership Award and comment on the programme of future study that he/she has selected (Please include your evaluation for applicant's personal motivation and promise). If you prefer not to make a recommendation, please state accordingly.

Have you included the following?

Official transcript of marks? ☐

Signature of School Official Date