JORDAN BOYD LEADERSHIP AWARD

COACH / OFFICIALS SUPERVISOR REFERENCE FORM

This section is to be completed by Coach / Officials Supervisor (Player - Bantam and above, Officiating – 1st year linesman or above).

SECTION I.

APPLICANT INFORMATION					
LAST NAME		FIRST NAME		Middle Initial(s)	

SECTION II.

REFERENCE INFORMATION			
LAST NAME		FIRST NAME	
TEAM/ OFFICIATING LEVEL		YEAR(S) COACHED/ SUPERVISED	
HOME ADDRESS			
CITY/ TOWN		POSTAL CODE	
PHONE NUMBER	(902)	FAX NUMBER	(902)
EMAIL ADDRESS	@		

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 22, 2019** and forwarded to:
Jordan Boyd Leadership Award, 2 Shipyard Road, Bedford, NS B4A 2G3

SECTION IV.

Please provide a recommendation on applicant for this Leadership Award and comments 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.

Signature of Coach/Officials Supervisor Date