



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
COURSES ARE SEMESTERED OR FULL YEAR (CHECK ONE)	SEMESTERED <input type="checkbox"/>		FULL YEAR COURSES <input type="checkbox"/>	

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):

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