



**JORDAN BOYD**  
LEADERSHIP AWARD

# COACH / OFFICIALS SUPERVISOR REFERENCE FORM

*This section is to be completed by Coach / Officials Supervisor (Player - Bantam and above, Officiating – 1<sup>st</sup> 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):


**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.


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Signature of Coach/Officials Supervisor

Date