

This section is to be completed by the School Counsellor or Principal. **SECTION I.** APPLICANT **INFORMATION** LAST **FIRST** Middle NAME **NAME** Initial(s) SECTION II. REFERENCE **INFORMATION** LAST **FIRST** NAME NAME PROFESSIONAL SCHOOL NAME TITLE **ADDRESS** CITY/ POSTAL **TOWN** CODE PHONE FAX (902)(902)**NUMBER NUMBER EMAIL** @ **ADDRESS** LENGTH OF TIME ACQUAINTED STUDENT RANK STUDENT RANK WITH APPLICANT (YEARS) **GRADE XI GRADE XII COURCES ARE SEMESTERED** SEMESTERED FULL YEAR COURSES OR FULL YEAR (CHECK ONE) **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