

Georgia Roofing Contractors Association Fall 2023 Scholarship Program

PERSONAL REFERENCE - To be completed by an **adult not related to the candidate and who is not a faculty member.**

Evaluator: Your name has been given as a reference by the below student who has applied for a scholarship from the Georgia Roofing Contractors Association (GARCA). Your evaluation is important to us in considering this application, and we ask that you explain your comments fully. Please use the reverse side for additional remarks. All comments will be used for evaluation purposes only. **Please complete and email form to info@garca.org NO LATER THAN MARCH 15, 2023.**

Student Name: _____
 LAST NAME FIRST NAME MIDDLE

How long have you known the applicant? _____

Furnish information on the nature and frequency of your contacts and observations of the applicant:

EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 0 to 10, with "10" being "Superior" and "0" being "Poor". If you would like to make additional comments about the applicant, please use the reverse side of this form.

	Poor	Below Average			Average		Above Average			Superior	
	0	1	2	3	4	5	6	7	8	9	10
Cooperation											
Courtesy											
Dependability											
Industriousness											
Initiative											
Leadership											
Maturity											
Self-Control											
Personal Appearance											

Using the above evaluation, please indicate your opinion of the applicant's ability to achieve excellence:

Name of Evaluator: _____ **Date:** _____

Address: _____ **Phone:** _____

Signature: _____

Georgia Roofing Contractors Association 2023 Scholarship Program

PROFESSIONAL/EDUCATOR REFERENCE - To be completed by a faculty member, guidance counselor or school principal if no faculty or counselor is available.

Evaluator: Your name has been given as a reference by the below student who has applied for a scholarship from the Georgia Roofing Contractors Association (GARCA). Your evaluation is important to us in considering this application, and we ask that you explain your comments fully. Please use the reverse side for additional remarks. All comments will be used for evaluation purposes only. **Please complete and email form to info@garca.org NO LATER THAN MARCH 15, 2023.**

Student Name: _____
 LAST NAME FIRST NAME MIDDLE

How long have you known the applicant? _____

Furnish information on the nature and frequency of your contacts and observations of the applicant:

EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 0 to 10, with "10" being "Superior" and "0" being "Poor". If you would like to make additional comments about the applicant, please use the reverse side of this form.

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Self-Control											
Personal Appearance											

Using the above evaluation, please indicate your opinion of the applicant's ability to achieve excellence:

Name of Evaluator: _____ **Date:** _____

Address: _____ **Phone:** _____

Signature: _____