



Clarington Girls Hockey Association

CLARINGTON GIRLS HOCKEY ASSOCIATION SCHOLARSHIP CONFIDENTIAL LETTER OF RECOMMENDATION

Applicant: Please give this Letter of Recommendation to someone who knows you, such as a teacher, coach or employer.

Referee: Please return this form by **March 31, 2011**, directly to:

Shannon Roehrig
Clarington Girls Hockey Association
172-2377 Hwy#2, Unit 120
Bowmanville ON L1C 5E2

SECTION A: (To be completed by Applicant)

Name: _____

Address: _____

Home Phone: _____

SECTION B: (To be completed by Referee)

Name: _____

Professional Occupation: _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Please evaluate the student by placing an "X" in the most appropriate space.

	Below Average	Average	Above Average	Excellent
Estimate overall potential				
Initiative				
Work & Study Habits				
Motivation				
Interpersonal Skills				
Leadership Skills				
Community Involvement				

Signature: _____ Date: _____

In addition to this form, a Letter of Recommendation is required. Please attach a formal letter of reference.

This letter of recommendation is for the sole purpose of the selection process for the CGHA Scholarship and will be kept confidential.