



Scholarship/Bursary/Award Reference Form

Applicant's Name: _____

"Reference should not be a friend or relative to the candidate."

Not limited to CNA Instructors

Name of Scholarship/Bursary/Award: _____

Please indicate how long and under what circumstances you have known the applicant:

Explain why you believe this individual is a worthy candidate for this scholarship/award/ bursary:

If you require more space, please attach a separate sheet.

Please rate the applicant in the following areas by selecting the appropriate response or by checking "Unable to Assess":

	Excellent	Very Good	Good	Fair	Poor	Unable to Assess
Initiative						
Leadership Qualities						
Interaction With Others						
Works Independently						
Respect						
Professional Attitude						
Listening Skills						
Communication Skills						
Maturity						
Task Oriented						
Attendance/Punctuality						
Performance						

Name *(please print)*: _____ Telephone: _____

E-Mail Address: _____

Signature: _____ Date: _____

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and the Alumni & Advancement Office are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.