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**Tippecanoe Area Human Resources Association**

**Scholarship Reference Form**

To the applicant:

1. You may deliver this form and the additional scholarship application paperwork by e-mail or hard copy.

2. Fill in **your** name in the appropriate space below.

Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the completed reference forms with the other requested application paperwork in one E-mail to:** **gbb@lafvb.com**

**OR**

**You may submit your scholarship application paperwork by mail to:**

**Tippecanoe Area Human Resources**

**Scholarship Application**

**P.O. Box 5058**

**Lafayette, IN 47903**

**The application submission deadline is August 10, 2020.**

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2. Please provide an example to illustrate the applicant’s commitment to academic excellence and motivation to succeed.

3. Please describe the qualities of the applicant that would make him/her a successful HR professional.

4. Please provide any other information concerning the applicant that you think would be useful to the Scholarship Committee. (Attach additional page if needed.)

5. Please evaluate the applicant according to the following categories.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Quality | Exceptional | Good | Average | Below Average | Not Observed |
| Academic Excellence |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Motivation/Initiative |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |
| Team Player |  |  |  |  |  |
| Integrity |  |  |  |  |  |
| Commitment |  |  |  |  |  |
| Professionalism |  |  |  |  |  |
| Potential |  |  |  |  |  |
| Evidence of Accomplishments |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Flexibility/Adaptability |  |  |  |  |  |

Signature (person providing reference) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print or type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_