JORDAN BOYD LEADERSHIP AWARD

ACADEMIC REFERENCE FORM

This section is to be completed by the School Counsellor or Principal.

SECTION I.

APPLICANT INFORMATION					
LAST NAME		FIRST NAME		Middle Initial(s)	

SECTION II.

REFERENCE INFORMATION					
LAST NAME		FIRST NAME			
SCHOOL NAME		PROFESSIONAL TITLE			
ADDRESS					
CITY/ TOWN		POSTAL CODE			
PHONE NUMBER	(902)	FAX NUMBER	(902)		
EMAIL ADDRESS	@				
LENGTH OF TIME ACQUAINTED WITH APPLICANT (YEARS)		STUDENT RANK GRADE XI		STUDENT RANK GRADE XII	
COURCES ARE SEMESTERED OR FULL YEAR (CHECK ONE)	SEMESTERED ☐	FULL YEAR COURSES ☐			

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):

Applications must be postmarked no later than **April 15, 2016** and forwarded to:
Jordan Boyd Leadership Award, PO Box 44112, Bedford, Nova Scotia, B4A 3X5

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