

ATD Greater Atlanta Scholarship
Letter of Reference

To the applicant:

1. Type your name into the Applicant Name field and save a version of this form.
2. Forward the saved version of the form to each of your references (maximum 3).
3. Remind your references that the completed form must be e-mailed.

Applicant Name

To the reference:

Please complete all fields and complete the rating survey. Adobe Reader is required to complete this form.

Name:

E-mail

Phone Number

How long and in what capacity have you known the applicant? (limit 100 words)

Please give your assessment of the applicant's academic preparation, motivation, and capacity for completing their academic program. (limit 100 words)

Please describe the qualities of the applicant that make you believe that the applicant will be successful in their academic pursuits. (limit 100 words)

Please provide any other information about the applicant that you think would be of value to the scholarship evaluation team. (limit 100 words)

Please rate this applicant

	Exceptional	Good	Average	Below Average	Not Observed
Intellectual ability					
Maturity					
Motivation					
Ability to work with others					
Creativity/imagination					
Self-confidence					
Leadership potential					
Oral communication skills					
Written communication skills					

Please save the form and e-mail to **scholarships@astdatlanta.org**

Members of the evaluation team may contact you regarding the applicant for additional information.

Thank you for providing a reference for this applicant for the ATD Greater Atlanta Scholarship evaluation team.

To learn more about the ATD Greater Atlanta Chapter, please visit our [website](#).

12/2014 Scholarship Letter of Reference