

## Adult Reference Form, Trade Scholarship

Student's Name: \_\_\_\_\_

The YBA Workforce NOW Foundation wants to recognize young adults who have demonstrated a desire to excel in our community by helping them further their education with a scholarship. The above student has applied for our trade scholarship. Please help us to understand this student better by completing this form.

Please return form directly to the York Builders Association no later than **April 1**. Mail completed form to: YBA Workforce NOW Scholarship Program 540 Greenbriar Road York, PA 17404

| Adult Reference Name:        |
|------------------------------|
| Daytime Telephone Number:    |
| Agency/Organization/Company: |
| Relationship to Applicant:   |

Please comment on the student's responsibilities, time involvement, commitment, and character. Please use the back of this page to share additional comments.

|                 | Poor |   |   |   |   |   |   |   | Outs | Outstanding |  |
|-----------------|------|---|---|---|---|---|---|---|------|-------------|--|
| Time commitment | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9    | 10          |  |
| Enthusiasm      | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9    | 10          |  |
| Dependability   | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9    | 10          |  |
| Attitude        | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9    | 10          |  |
| Other           | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9    | 10          |  |

I hereby authorize the person named above to release information concerning my activities.

Student's Signature:

Questions regarding the completion of this form or the YBA Workforce NOW Scholarship Program can be directed to Melissa Longenberger. Telephone: 717-767-2444 or Email: Melissa@YBAworkforcenow.org