

CONFIDENTIAL STATEMENT OF REFERENCE for COBSS

This report must be completed by a non-related adult. **Referee:** Please complete and **return to applicant in a sealed envelope with student's name written on the front.**

Student's name: _____
First Last

Referee's Name: _____ Telephone #: _____

In my capacity as (include work title and name of organization) _____,
 I have known the applicant for ____ years.

Please check (✓) the most appropriate box to indicate your best judgment of the applicant's qualities compared to other youth/students you have encountered.

Category	No basis	Below average	Average	Good (above average)	Very Good (well above average)	Excellent (top10%)	Outstanding (top 5%)	One of the top few encountered
Academic Motivation								
Academic Growth Potential								
Ability to Problem Solve								
Disciplined Work Habits								
Personal Initiative								
Emotional Maturity								
Respect Accorded by Adults								
Respect Accorded by Peers								

Written comments MUST be limited to the space below. No additional letters accepted:

COBSS recognizes the time and effort involved in providing a reference and extends its thanks and appreciation.

Signature of Referee: _____ Date: _____