

Academic/Athletic Awards ACADEMIC REFERENCE FORM

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

SECTION I.									
APPLICANT									
INFORMATION LAST			FIRST			Middle			
NAME			NAME			lı	Initial(s)		
SECTION II.									
REFERENCE INFORMATION									
LAST NAME				FIRST NAME					
SCHOOL NAME				PROFESSI TITLE	ONAL				
ADDRESS					•				
CITY/ TOWN			POSTA CODE	NL					
PHONE NUMBER	(902)		FAX NUMBER		(902)				
EMAIL ADDRESS									
LENGTH OF TIME A WITH APPLICANT (Γ(YEARS)			STUDENT RANK GRADE XI			STUDENT RANK GRADE XII		
COURCES ARE SEMESTERED SEMESTERED FULL YEAR COURSES FULL YEAR COURSES									
SECTION III.									
Please provide any pertinent information which you believe makes the above student an ideal candidate for an HNS Academic/Athletic Award (Include an attachment if necessary):									
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SECTION IV.									
Please provide a recommendation on applicant for this scholarship and comments 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 includ		ving?							
Official transcript of marks? Letter of Reference (Optional)?									
Louisi of recision	oc (Optional)	· Ш							
	(01 1000 : :		D .						
Signature of	of School Official		Date						