

A program of Soroptimist International of the Americas

Name of Applicant						
Thank you for taking the time to provide this reference gives women the resources they need to improve their					applicant.	This program
 To fill out the form: Select the "Hand Tool," which appears as a small very Move the "Hand Tool" and click on the area where A cursor will appear and you can begin typing to Please limit your answers to the space allotted.) Once all parts of the form are completed, select "Se "ReferenceFormLG.pdf," where "LG" are your initiate. Email the completed form back to the applicant. 	e you want to complete the ave As" from	e form (Note n the "File"				
Please use your personal knowledge of this candidate	to respond	to the follo	wing question	s:		
1. How long have you known the candidate, and in when the candidate is the candidate in the	hat capacity	(employer,	school instru	ctor, friend,	etc.)?	
Please rate the candidate in the following areas base the appropriate circle.	ed upon you	ır knowledg	e of her achie	vements ar	nd strengths	by checking
	Strongly Disagree	Mostly Disagree	Somewhat Agree	Mostly Agree	Strongly Agree	Don't Know
A. The applicant is motivated.						
B. The applicant has demonstrated a strong sense of responsbility.						
C. The applicant has demonstrated strength in character.						
D. The applicant has clear goals.						
E. The applicant would be an inspiration to others.						

3. Please tell us what you believe to be the candidate's particular strengths in her personal, educational, or professional life.

Be as specific as you can, and give examples of particular accomplishments.

4. What is your knowledge o barriers or difficulties she	f the candidate's edu has overcome.	acational goals, and her pro	ogress toward achieving these goals? Consider ar	ny
5. Is there any additional info	ormation we should	know about this applicant i	in regard to this award program?	
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COMPLETED BY (Please email co	mpleted reference form to	o the applicant for submission with	h her application)	
Tomic Transcentian Co	mpreced reference form to	, the appreal to samission with	and application,	
	Name		Date	
S	Title		Organization	
SOROPTIMIST Best for Women	Address			
	Telephone	Email	1	