

Johnson City Community Education Foundation

Student Scholarship Application

Teacher Reference Form

Applicant's Name _____ Date _____

A copy of this form along with your request should be emailed to **three** of your teachers at their JCISD email address.

To the Student: By submitting this form to my teacher I hereby waive my right of access to the completed Teacher Reference Form and request that my teacher send it directly to the JCCEF Scholarship Selection Committee at jcefonline.org.

To the Teacher: Please evaluate the applicant on each characteristic by placing a check in the column that most nearly represents your opinion and send the completed form directly to the JCCEF at jcefonline@gmail.com. The Applicant's completed packet, including Teacher Reference Forms, is due to the JCCEF Scholarship Selection Committee at jcefonline@gmail.com **on or before the fourth Monday in April.**

	Outstanding	Above Average	Average	Below Average	Inadequate Knowledge
Attendance					
Communication skills					
Courteous					
Dependable					
Disciplined					
Emotional stability					
Enthusiasm					
Honest					
Leadership ability					
Prompt					
Relationship with peers					
Respectful					
Takes initiative					
Team player					
Overall Rating					

How long have you known the Applicant?

Additional comments:

Teacher's Name (Please type) _____

Teacher's Signature _____ Date _____

Please email this completed form to the JCCEF Scholarship Selection Committee at jcefonline@gmail.com. Include the student name in the email subject field and save the document with the student name in the file name.