## **Georgia Roofing Contractors Association Fall 2024 Scholarship Program**

PERSONAL REFERENCE - To be completed by an adult not related to the candidate and who is not a faculty member.

**Evaluator:** Your name has been given as a reference by the below student who has applied for a scholarship from the Georgia Roofing Contractors Association (GARCA). Your evaluation is important to us in considering this application, and we ask that you explain your comments fully. Please use the reverse side for additional remarks. All comments will be used for evaluation purposes only. Please complete and email form to info@garca.org NO LATER THAN MARCH 15, 2024.

LAST NAME		FIRST NAME									MIDDLE		
w long have y	ou known the applican	t?											
nish informat	ion on the nature and f	requen	cy of y	your co	ntac	ts and	d obse	rvatio	ons of	the a	pplica	nt:	
ALLIATION O	F SOCIAL AND PERSO	NAI TD	AITC										
	characteristic listed, usi				. with	ı "10"	being	. "Sup	erior'	' and '	"0" be	eing '	
	ke additional comments	_					_	-				_	
		Below A						Above	е				
		Poor Average			e Ave	rage	Α.	verag	зе <u> </u>	Sup	erior		
_		0	1	2	3	4	5	6	7	8	9	10	
	Cooperation	0	1	2	3	4	5	6	7	8	9	10	
<del></del>	Cooperation Courtesy	0	1	2	3	4	5	6	7	8	9	10	
(	•	0	1	2	3	4	5	6	7	8	9	10	
	Courtesy	0	1	2	3	4	5	6	7	8	9	10	
	Courtesy Dependability	0	1	2	3	4	5	6	7	8	9	10	
	Courtesy Dependability Industriousness	0	1	2	3	4	5	6	7	8	9	10	
	Courtesy Dependability Industriousness Initiative	0	1	2	3	4	5	6	7	8	9	10	
	Courtesy Dependability Industriousness Initiative Leadership	0	1	2	3	4	5	6	7	8	9	10	

Signature:

## **Georgia Roofing Contractors Association 2024 Scholarship Program**

**PROFESSIONAL/EDUCATOR REFERENCE** - To be completed by a <u>faculty member, guidance counselor or school</u> principal if no faculty or counselor is available.

**Evaluator:** Your name has been given as a reference by the below student who has applied for a scholarship from the Georgia Roofing Contractors Association (GARCA). Your evaluation is important to us in considering this application, and we ask that you explain your comments fully. Please use the reverse side for additional remarks. All comments will be used for evaluation purposes only. Please complete and email form to info@garca.org NO LATER THAN MARCH 15, 2024.

Student Name:	LAST NAME		FIRST NAME								MIDE	N E	_
	LAST NAIVIE				FIKSI	INAIVII	=				MIDL	)LE	
How long have you known the applicant?													
Furnish inform	ation on the nature and f	frequen	cy of y	our c	ontac	ts and	d obse	rvatio	ons of	the a	pplica	nt:	
EVALUATION	OF SOCIAL AND PERSO	NAL TR	AITS										
	h characteristic listed, usi	_					_					_	or".
vould like to m	ake additional comments	s about t	he ap	plicar	nt, ple	ase us	se the	rever	se sid	e of t	his for	m.	
						I		I			1		
			Belo			Average		Above			_		
		Poor	Average		Average 6 7 8				erior				
	Cooperation	0	1	2	3	4	5	6	/	8	9	10	
	Courtesy												
	Dependability												
	Industriousness												
	Initiative												
	Leadership												
	Maturity												
	Self-Control												
	Personal Appearance												
		· •		ı	•	ı	•		ı		•		
Using the abov	e evaluation, please indi	cate you	ır opiı	nion c	of the	applic	cant's	abilit	y to a	chiev	e exce	llence:	
Name of Evalua	ator:							D	ate:				

Signature: