



# BOOSTER CLUB SCHOLARSHIP REFERENCE FORM

Person filling out this evaluation: \_\_\_\_\_

Position at Stratford High School: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Head Coach: \_\_\_\_\_

The Stratford Spartan Athletic Booster Club is awarding its annual Scholarships. We would appreciate your assistance in our selection process. If you could help us by filling out the brief survey below and **returning it to Coach Rankin's mailbox**, we would certainly appreciate it. Please use the bottom of the sheet to make any other comments you wish.

How long have you known and worked with this athlete? \_\_\_\_\_

Please circle the number that best describes this candidate. (Circle 3 if you feel that you don't have enough information to answer the question.)

	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
A. The athlete is willing to listen and learn. He or she is able to take suggestions and improve.	5	4	3	2	1
B. I enjoy being around this athlete because of his/her personality.	5	4	3	2	1
C. This athlete gives his or her work 100% effort.	5	4	3	2	1
D. This athlete is a "team player." He or she considers others and will take time to make sure the group is successful.	5	4	3	2	1
E. This athlete is a leader. He or she takes being in charge as a serious assignment.	5	4	3	2	1
F. He or she is respected by fellow students and school staff.	5	4	3	2	1

**DEADLINE: Friday, April 5, 2019**

Additional Comments about this athlete and/or extenuating circumstances: \_\_\_\_\_

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