## APLE Scholarship Reference Form To be filled out by a certificated teacher at school site

NAME OF STUDENT \_\_\_\_\_\_SCHOOL \_\_\_\_\_

In what capacity have you known this student?

Please rate the applicant on the traits below using the following scale:

5 – excellent; outstanding

4 – very good; positive; consistent

3 – average; good

2 – fair; lukewarm

1 - poor; definitely negative

N/A – no basis for evaluating this trait

Dependability	
Resourcefulness	
Initiative	
Positivity	
Ability to delegate	
Leadership	
Conscientiousness	
Courage	
Sense of duty	
Sense of justice	
Ability to set priorities	
Morality and ethics	
Honesty and reliability	
Courtesy	
Respect for others	
Amenable to suggestions for improvement	
Kindness	
Possesses Strong Integrity	

## **NO LETTERS ACCEPTED**

## In a brief statement, explain why you believe this applicant deserves to receive the APLE Scholarship Award

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_\_ Please send to the APLE office in the student provided stamped and addressed envelope. All reference submissions must **ARRIVE** at the APLE office **NO LATER** than **April 12, 2024**.