

2020 Canadian Hearing Services National Scholarship Program

REFERRAL FORM: Please email your completed form to giving@chs.ca no later than 4 p.m. E.S.T. May 20, 2020.

I, _____ have known _____
(YOUR FULL NAME) (APPLICANT'S FULL NAME)

for _____ In the following capacity: _____
(## OF MONTHS/YEARS)

Please check the box that best describes each aptitude. Comments are optional.

APTITUDES	Outstanding	Excellent	Above Average	Below Average	Unable to Evaluate	Comments
Interacts appropriately with elders and people in authority						
Interacts appropriately with peers and other students						
Demonstrates initiative and self-motivation						
Demonstrates leadership skills						
Demonstrates creative and innovative thinking						

Demonstrates respect for social and cultural differences						
Demonstrates emotional maturity						
Demonstrates compassion and empathy						
Faces challenges and obstacles with grace and diplomacy						
Demonstrates self-advocacy						
Demonstrates courage and resiliency						

Date (MM/DD/YYYY)

Signature

Referrer's Address, City, Prov. Postal Code

Phone/TTY

Email Address