

Name of Student: \_\_\_\_\_

*Please complete this page for each of the students for which you are acting as reference.*

## CHARACTER

Please check the answer(s) that best describes the applicant.

<b>Concern for others:</b>	<input type="checkbox"/> Self-centered	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Considerate	<input type="checkbox"/> Unselfish
<b>Influence for good:</b>	<input type="checkbox"/> Negative influence	<input type="checkbox"/> Little influence	<input type="checkbox"/> Positive influence	<input type="checkbox"/> Inspires others
<b>Acceptance by peers:</b>	<input type="checkbox"/> Not accepted	<input type="checkbox"/> Tolerated	<input type="checkbox"/> Accepted	<input type="checkbox"/> Well-liked
<b>Choice of friends:</b>	<input type="checkbox"/> Questionable	<input type="checkbox"/> Careless somewhat discerning	<input type="checkbox"/> Discerning in friendships	
<b>Respect for authority:</b>	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Critical	<input type="checkbox"/> Generally respectful	<input type="checkbox"/> Honours those in authority
<b>Responsibility:</b>	<input type="checkbox"/> Unreliable	<input type="checkbox"/> Somewhat dependable	<input type="checkbox"/> Very dependable	<input type="checkbox"/> Absolutely responsible
<b>Emotional stability:</b>	<input type="checkbox"/> Unstable	<input type="checkbox"/> Sometimes stable	<input type="checkbox"/> Usually well-adjusted	<input type="checkbox"/> Consistently well-adjusted

## PLEASE RESPOND TO THE FOLLOWING

For students entering grades 7-12 only

To your knowledge, does the applicant participate in any of the following

<b>Alcohol:</b>	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
<b>Tobacco:</b>	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
<b>Illegal Drugs:</b>	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
<b>Sexual Activity:</b>	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None
<b>Pornography:</b>	<input type="checkbox"/> Habit	<input type="checkbox"/> Some	<input type="checkbox"/> None

Any additional comments that may be helpful may be added below or on a separate sheet of paper.

## SIGNATURE

\_\_\_\_\_  
Signature of Reference Provider/Pastor

\_\_\_\_\_  
Date