



# Building Officials Association of Florida SCHOLARSHIP REFERENCE FORM

**Applicant's Name:** \_\_\_\_\_

**Note:** Please complete this form, filling in all of the required information, and then return it to the applicant for submittal with the application. The BOAF Scholarship Committee will hold comments in strict confidence.

Please indicate Type of Reference: \_\_\_ Faculty \_\_\_ Teacher \_\_\_ Personal \_\_\_ Professional

1. I have known the applicant for \_\_\_\_\_ years.
2. The applicant's general reputation and character are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I believe the applicant's scholastic ability to be: \_\_\_ fair \_\_\_ average \_\_\_ good \_\_\_ excellent \_\_\_ superior
4. I believe the applicant's dedication to study to be: \_\_\_ fair \_\_\_ average \_\_\_ good \_\_\_ excellent \_\_\_ superior
5. I \_\_\_ would **OR** \_\_\_ would not recommend the applicant for a scholarship/grant because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Individual Providing Reference

My profession is: \_\_\_\_\_

I am associated with \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

BOAF Scholarship Program  
528 West Lake Mary Blvd.  
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