



Fleer Center for Adult Education
601 Church Street
Winston-Salem, North Carolina 27101

SCHOLARSHIP REFERENCE FORM
CONFIDENTIAL

Applicant's Name _____

How does this candidate measure up to your expectations for a Fleer Scholarship student with respect to the following qualities [check mark]:

| | Below Expectations | Meets Expectations | Exceeds Expectations | Not Observed |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Intellectual Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organizational Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership Potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General Comments: *Optional* - Briefly describe how the applicant has or will contribute to the Salem College community. Please use the back of this form if additional space is needed.

Please submit through U.S Postal Service or to the applicant in a sealed envelope.(address provided above). Submission deadlines: **June 1st/Fall and December 15th/Spring. If the deadline falls on a weekend, the last business weekday is the deadline.**

Reference Printed Name _____

Reference Signature _____

Date _____ **Phone** _____