

J. S. DI GIORGIO MEMORIAL INTERNSHIP
Letter of Reference

This form should be completed by the agriculture advisor, counselor, teacher or project leader of the applicant listed below. Information on this statement will be held in strict confidence by the Selection Committee. Written comments are strongly encouraged. This statement must be received by the committee no later than **Monday, May 1, 2017.**

Name of Applicant: _____

I. Please rate the applicant using the following scale:

- 5 - Outstanding*
- 4 - Better than Average*
- 3 - Average*
- 2 - Below Average*
- 1 - Does Not Apply*

- 1. Manner and personal appearance _____
- 2. Self-reliance, dependability _____
- 3. Capacity for leadership _____
- 4. Scholastic ability _____
- 5. Health _____
- 6. Degree of ambition for higher education _____

II. Please complete the following questions:

1. How long have you known the applicant? _____

2. Is financial assistance needed in order to further the education of this applicant? _____

Explain:

3. Has the applicant demonstrated a commitment to a career in agriculture? _____

How?

4. Will this applicant benefit from a work experience internship? _____

Explain:

5. Other Comments:

Name _____ Position _____

Date _____ High School/College _____