



# EDINBURGH COLLEGE Scholarship Application Referees Statement

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

Type of Scholarship: [Circle one of the options below.]

Academic / Leadership / Creativity / Service / Sport / Music / Technology

Name of Referee: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Please respond to the following questions and add additional information where it will be relevant.

1. How long have you known the applicant? \_\_\_\_\_

2. Outline the specialized skills of the applicant.

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3. Outline any awards or recognition that the applicant has received in relation to this scholarship application.

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4. Please use this space to provide additional information that you feel may be relevant to the student's application.

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4. Please sign the reference and return this form to the student who is making application for the College Scholarship.

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