Name of Applicant:

Name of Reference:

Name of Award:

Thank you for supporting the award application for the applicant shown above and for assisting the selection committee in the task of selecting the best applicant. The purpose of this form is to ensure all applicants are worthy of award and that their application materials are, to the best of your knowledge, accurate and truthful. By signing this document you attest that you have reviewed the applicant's materials and believe them to be accurate and truthful.

In what capacity do you know the applicant (select all that apply)

Current supervisor

Past supervisor

Current teacher/professor/instructor

Past teacher/professor/instructor

Professional acquaintance

Professional colleague or collaborator

Other

Printed Name

Signature

Email