

Hazel Education Bursary
Reference Form

References are encouraged to submit this completed reference form before 4p.m.
Thursday April 18th, 2024. Non-family members preferred.

Please submit references via e-mail to

ejensen@ywcapeterborough.org

Applicant Name:

Reference Name:

Relationship to Applicant:

Phone:

Email:

Reference Questions:

1. In what capacity do you know the applicant?

2. How long have you known the applicant?

3. What attributes of the applicant lead you to believe they will successfully complete their program?

4. What challenges do you foresee the applicant may face in order to successfully complete their chosen program?

5. Is there anything else you would like to share?



216 Simcoe Street
Peterborough, ON K9H 2H7
Phone 705-743-3526 Fax 705-745-4654
info@ywcapeterborough.org

Signature of Reference

Date

Thank you for your participation in the application process.