

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, April 1, 2024.**

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? _____
3. Has the applicant demonstrated a commitment to a career in agriculture? _____
4. Will this applicant benefit from a work experience internship? _____
5. Other Comments: _____

Name _____ Position _____

Date _____ High School/College _____