

## CCTRID NIC SCHOLARSHIP REFERENCE FORM

*(Note: 3 references are needed – 1 Deaf and 1 Hearing – from people who have knowledge of the applicant's character, potential, and goals – one reference may be a family member, and at least 1 reference must be from previous or current interpreting supervisor/colleague.)*

Reference Form # \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name & Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship &/or History with Applicant:

\_\_\_\_\_

\_\_\_\_\_

Perspective of Applicant's Integrity:

\_\_\_\_\_

\_\_\_\_\_

Your Perspective of Applicant's Interpreting Skills:

\_\_\_\_\_

\_\_\_\_\_

Your Perspective of Applicant's Involvement & Acceptance in the Deaf Community:

\_\_\_\_\_

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Your Own Experience or Involvement with Deaf or Hard-of-Hearing Individuals:

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Your Perspective of Applicant's Future Success in the Interpreting Field:

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Additional Comments:

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*Use additional paper if you would like to expand on any of the above areas.*