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**COLLEGE WOMEN’S ASSOCIATION OF JAPAN**

**CONFIDENTIAL LETTER OF REFERENCE**

|  |  |
| --- | --- |
| **Name of Applicant** |   |

Thank you for helping the College Women’s Association of Japan to evaluate the scholarship applicant named above. Please complete this form in English or include an English translation**.** Print the completed form and place it in a sealed envelope marked with the applicant’s name and “Confidential.” Sign or place your official seal across the envelope seal, and return the envelope to the applicant for inclusion in the completed application. Please word process or handwrite clearly. This Word document is fillable.

|  |  |
| --- | --- |
| Name of Referee  |  |
| Occupation, Title, Field  |  |
| Firm or Institution  |  |
| Address  |  |
| Telephone |  **\_** | email  |   |

**How well, how long, and under what conditions have you known the applicant?**

The CWAJ Selection Committee would like your assessment of each of the following characteristics with respect to this applicant. Using the following numeric ranking system, please place a number in the box beside each of the categories below. In the spaces provided, discuss your ranking of the applicant with respect to each characteristic, using specific examples.

RANKINGS:

1 – Exceptional (one of the best I have encountered in my career) 5－Average

2 – Excellent (top 10%) 6 – Below Average

3 – Very Good (well above average) X – No basis for judgment

4 – Good (above average)

1. **The applicant’s intellectual ability and knowledge in her chosen field**

**RANKING:**

1. **The applicant’s future potential in her chosen field**

**RANKING:**

1. **The merit and validity of the applicant’s study program**

**RANKING:**

1. **The applicant’s ability to plan and execute study objectives**

**RANKING:**

1. **The initiative, character and leadership qualities of this applicant**

**RANKING:**

**Please use the space below to tell us anything else you think would help us to evaluate this applicant.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

Thank you for taking the time to fill in this form.