

# The Max and Marion Caldwell Foundation

*Please pass a reference form to 3 people whom you feel know you well.*

Applicant's Name \_\_\_\_\_

I hereby authorize The Max and Marion Caldwell Foundation to conduct an investigation of my background. I release from all liability or responsibility The Max and Marion Caldwell Foundation, its officers and employees, and all persons who supply information in connection with such investigation.

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**To the referee:** The above applicant has applied for:

*The Max and Marion Caldwell Foundation --“Caldwell’s Camp Counselor Educational Scholarship”*

This scholarship awards \$1,000 toward college tuition for a different camp counselor each year. This scholarship was created to thank camp counselors for their dedication to campers and the camp industry.

The camp counselor must have worked at a The Max and Marion Caldwell Foundation-affiliated camp for 2 summers and be hired for next summer. The individual must have worked as a counselor at least one of the two years and have the recommendation of the camp’s director. The scholarship will be awarded directly to the educational institution of the recipient’s choosing within 12 months.

*This applicant has named you as a person ready and willing to make an evaluation of his/her character and skills. Please complete the following form and respond*

*To the best of your ability, please give us **your opinion** of the applicant in the following areas by circling the appropriate rating. 1 is poor, 5 is excellent.*

<i>Ability to work with children</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Honesty</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Motivation</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Leadership skills</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Personal grooming</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Maturity</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Willingness to follow rules</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Responsibility</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

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***For the Camp Director referee only:***

*Which camp do you represent?* \_\_\_\_\_

*What summers did this applicant work for you and which positions did he/she hold?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Why should this applicant receive this scholarship, over other camp counselors?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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***To the referee:*** Thank you for your honest evaluation of the applicant. Please complete the following personal information. **Please print clearly.**

*Your Name:* \_\_\_\_\_

*Telephone:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Email:* \_\_\_\_\_

\_\_\_\_\_

*Company/Position: (Enclose business card if possible)* \_\_\_\_\_

*Relationship to applicant:* \_\_\_\_\_

\_\_\_\_\_

*Signature:* \_\_\_\_\_

\_\_\_\_\_

*Please return this form to:  
The Max and Marion Caldwell Foundation  
PO Box 1653  
Capitola, CA 95010*