



MONTANA NARCOTICS
OFFICERS ASSOCIATION

COMMUNITY LEADER/TEACHER REFERENCE FORM

Due on or before February 1st, 2011.

Instructions: Items 1 and 2 shall be completed by the applicant. The reference must be completed by a community leader/teacher (not a family member).

1. Applicant's name: _____
2. Intended field of study: _____
3. How long and in what capacity have you known the applicant?

Please rate the following characteristics as follows: 1= Excellent, 2= Above Average, 3= Average, 4= Below

Average, 5= Poor and 6= Unable to Determine

Dependability: _____

Motivation: _____

Leadership: _____

Ethics: _____

Likelihood of academic success: _____

Please explain why you feel this individual is (or is not) deserving of this scholarship.

Signature: _____ Date: _____

Printed or typed name: _____ Title: _____

Please return this form with the completed packet to the address below.

MNOA President Kenton Hicketier:
812 14th Street North
Great Falls, MT 59401