Fort Liberty Area Alumnae Chapter

Delta Sigma Theta Sorority, Incorporated

The COBEAU Experience Program (Cotillion-Beautillion)

Reference Form

This form may NOT be completed by a parent, guardian or relative of the applicant.

Applicant's Name:

Length of time you have known the Applicant: _____year(s) _____month(s)

Association/ Relationship with the Applicant:

Please attach your reference letter on behalf of the applicant's character, leadership, community, and school involvements, including any characteristics of distinction.

	Never	Occasionally	Usually	Always
The applicant demonstrates self-discipline				
The applicant responds positively to the challenge of work or social demands				
The applicant exhibits age-appropriate interaction with peers				
The applicant cooperates well with others during group activities				
The applicant has (makes) good friends				
The applicant is respectful and courteous towards peers and adults				
The applicant is able to express himself clearly and with fluency				
The applicant follows directions				
The applicant exhibits the qualities of a leader				

Signature of Reference:	
Printed Name:	
Employment & Title:	**Phone Number:**
Date:	**Email Address:**