



## AWARD for CONTINUING EDUCATION

APPLICATION FOR 2011

Dear \_\_\_\_\_,

You have been asked to act as a reference for an applicant for the 2011 ATHENA Award for Continuing Education (ACE).

ATHENA Geneva has established the ATHENA Award for Continuing Education (ACE) to support women developing their capacity for leadership in our community by pursuing additional education. The ATHENA ACE will be awarded to one or more women who demonstrate the qualities promoted by the ATHENA International program: excellence, creativity and initiative in her profession, valuable service by contributing time and energy to her community, and assistance to other women in reaching their full potential.

This award is open to women at least 25 years of age or older who are or will be enrolled in an educational program on or before 9/30/11. The educational program may be a formal secondary education (college) program or any certification or training program (including a GED) that is necessary for the woman to advance in her career or pursue her stated career goal.

This year the committee has \$2500.00 to award.

Please complete the enclosed reference form and return it by **6/20/11** to

ATHENA Geneva ACE Committee  
c/o Geneva Area Chamber of Commerce  
P. O. Box 587  
Geneva, NY 14456

Thank you for support of this applicant.

Sincerely,

ATHENA Geneva ACE Committee

# ATHENA Geneva ATHENA Award for Continuing Education (ACE) REFERENCE FORM

APPLICANT NAME \_\_\_\_\_

REFERENCE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: DAY (\_\_\_\_) \_\_\_\_\_ EVE (\_\_\_\_) \_\_\_\_\_

BEST TIME TO CONTACT YOU? \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

How long have you known applicant and in what capacity?

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Please rate the applicant in each of the following areas by placing an X in the appropriate box. N/A = not applicable or not known by you. Remarks are helpful and may be continued on the back of this form.

Criteria	Excellent	Very Good	Good	N/A	Remarks
Demonstrates potential for leadership					
Enhances the quality of life in their community					
Mentors or encourages others					
Balances social and scholastic activities					
Progress toward stated career or educational goal					

## ATTESTATION

I affirm that all the information contained in this application is true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_