# Community Member Reference Letter

 **To be completed by Community Member**

**The Harvey E. Longboat Graduate Scholarship for First Nation, Inuit, and Metis**

**2025-2026 Application**

This award is intended to recognize and acknowledge the academic achievement and exceptional promise of an Indigenous graduate student or students at McMaster University. Consideration is also given to Indigenous scholars who have demonstrated mentorship within community settings. [More information](https://gs.mcmaster.ca/current-students/scholarships/harvey-e-longboat-graduate-scholarship-for-first-nations-inuit-and-metis-students/) about the award eligibility, criteria, intent, and value is available through the School of Graduate Studies.

**Instructions:** Your reference letter (maximum 1 page on organizational letterhead) for the candidate may include their demonstration of: exceptional promise in community leadership, mentorship to other Indigenous students, mentorship within First Nation, Inuit, or Métis communities, leadership to advance Indigenous education, either inside or outside of a university setting, high academic achievement. This letter should be attached after this cover page.

Save completed reference letter package as **Student Last Name\_Community Reference\_2025** and upload it directly by using the [MacDrive.upload link for the Harvey E. Longboat reference letters.](https://macdrive.mcmaster.ca/u/d/1f0cebf653194e188c3d/)

The deadline for referees to upload their letters is: **Monday, March 10, 2025, at noon.**

Questions? graduatescholarships@mcmaster.ca

**Name of Candidate:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Community Member Referee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position/Title of Community Member Referee:**

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

**Contact Info of Community Member Referee (Address, Phone #, Email):**

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**Signature of Community Member** **Date**