

REFERENCE REPORT (required)



Applicant Name: _____

To be completed by the person making the reference:

You have been asked to provide information in support of this applicant for a *Buena Vista Regional Medical Center Nursing Scholarship*. Please give your prompt and serious attention to the following statements. When complete, please return this form to the Applicant in a sealed envelope or mail to the Foundation Office Assistant at Buena Vista Regional Medical Center. See address listed below.

All responses will be kept confidential.

THIS FORM MUST BE RECEIVED OR POSTMARKED BY MARCH 31 TO BE CONSIDERED FOR THE SCHOLARSHIP

The applicant's choice of a post-secondary education program is:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability:	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find and use learning resources:	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates curiosity and initiative:	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates honesty and exceptional character:	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments: _____

Appraiser's Signature _____ Title _____ Date _____ () Telephone Number _____

Please return Reference Report to: **Buena Vista Regional Medical Center
 Katie Schwint / Foundation Department
 1525 West 5th Street
 Storm Lake, IA 50588**