

2025 RMC Auxiliary Human Medical Field Scholarship Application

DEADLINE: Postmarked by February 28, 2025

REFERENCE FORM #2

Applicant Name (please print) _____

Reference Name (please print) _____

TO BE COMPLETED BY REFERENCE

How well do you know the applicant? ☐ Very well ☐ Fairly well ☐ Minimally ☐ Unknown

How long have you known the applicant? _____

Identify your association with the applicant.

☐ Instructor ☐ Academic Advisor ☐ Employer/Supervisor ☐ Community/Organization

Personal Traits/Skills	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Citizenship					
Character					
Reliability					
Leadership					
Decision-making ability					
Organizational skills					
Communication skills					
Positive attitude					

Please provide specific examples where you observed the applicant demonstrate these traits/skills.

Reference Signature _____ **Date** _____

Return the completed reference form by February 28, 2025 to:

Email: auxiliary@regmedctr.org

OR

**Regional Medical Center
ATTN: Auxiliary Scholarship
709 West Main Street
PO Box 359
Manchester, IA 52057**