

**2024 RMC Auxiliary Human Medical Field Scholarship Application**

**DEADLINE: Postmarked by February 29, 2024**

**REFERENCE FORM #1**

**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 29, 2024 to:**

Email: [auxiliary@regmedctr.org](mailto:auxiliary@regmedctr.org)

OR

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