

2026 RMC Auxiliary Human Medical Field Scholarship Application

DEADLINE: Postmarked by February 27, 2026

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-making ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Reference Signature _____ **Date** _____

Return the completed reference form by February 27, 2026 to:

Email: auxiliary@regmedctr.org

OR

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