

2027 RMC Auxiliary Healthcare Scholarship Application

DEADLINE: Friday, February 26, 2027

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** _____

Completed reference must be received by February 26, 2027.

Email: auxiliary@regmedctr.org

OR

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