

Need 2 references per application

Due by Friday, February 18, 2022

FRANCISCAN HEALTHCARE FOUNDATION SCHOLARSHIP

CONFIDENTIAL REFERENCE FORM

NAME OF APPLICANT: _____

ADDRESS: _____

SCHOOL: _____

How long have you known the applicant? _____ In what capacity? _____

What do you consider the applicants strong points? _____

What do you consider the applicants significant limitations? _____

Please check the following characteristics for the Applicant. (Compared to students of the same age)

| CHARACTERISTIC | SUPERIOR | WELL ABOVE AVERAGE | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE |
|-------------------------|----------|--------------------|---------------|---------|---------------|
| Intellect | | | | | |
| Applies Intellect | | | | | |
| Reliability | | | | | |
| Teamwork | | | | | |
| Honesty/integrity | | | | | |
| Leadership ability | | | | | |
| Service to others | | | | | |
| Community Service | | | | | |
| Religious Participation | | | | | |

PRINTED NAME

SIGNATURE

DATE

Please return form to: Melissa Haase – Administrative Assistant
Franciscan Healthcare Foundation
430 N. Monitor St., West Point, NE 68788
mhaase@franhealth.org