

Scholarship Reference Form



1846 Broadway St.
Cape Girardeau, MO 63701
573-519-4920
MercyHealthFoundation.net/Southeast

Scholarship Applicant Name _____

This student has applied for a scholarship from Mercy Health Foundation Southeast and is requesting your assistance in providing a reference for them. You may not be a relative. Please complete this reference form and return it by mail directly to Mercy Health Foundation Southeast or email to Vickie.Hoernig@mercy.net before May 31. All information will be held in strict confidence.

What is your relationship to the applicant?

- Current or Past Employer
- Current or Past Instructor
- Coach
- Volunteer Supervisor
- Minister
- Other _____

When?

From _____ to _____

Please rate the applicant on the following characteristics:

	Superior	Above Average	Average	Below Average	No Opinion
Career Potential	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Dependability/Punctuality	_____	_____	_____	_____	_____
Diligence	_____	_____	_____	_____	_____
Financial Need	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Judgement/Decision Making	_____	_____	_____	_____	_____
Professionalism	_____	_____	_____	_____	_____

Application Deadline: May 31

Comments

Please explain your assessment of this person.

- I recommend this individual with enthusiasm
- I recommend this individual
- I recommend this individual with reservation
- I do not recommend this individual

Reference Name _____

Address _____ Phone _____

Employer _____ Title _____

- I certify that I have no familial ties to the applicant.
- I have rendered a fair and impartial recommendation to the best of my ability.

Reference Signature

Date

Submission Instructions

Thank you for your help!

Please return completed form by **May 31** to:
1846 Broadway St. | Cape Girardeau, MO 63701
or email Vickie.Hoernig@mercy.net

Application Deadline: May 31