**Due by Friday, February 23, 2018**

Need 2 references per application

**ST. FRANCIS MEMORIAL HOSPITAL FOUNDATION SCHOLARSHIP**

**CONFIDENTIAL REFERENCE FORM**

**NAME OF APPLICANT:**Click here to enter text.

**ADDRESS:**Click here to enter text.

**SCHOOL:** Click here to enter text.

**How Long Have You Known The Applicant?** Click here to enter text. **In What Capacity?** Click here to enter text.

**What Do You Consider The Applicants Strong Points?**Click here to enter text.

**What Do You Consider The Applicants Significant Limitations?**Click here to enter text.

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

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| **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  | ☐ | ☐ | ☐ | ☐ | ☐ |

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PRINTED NAME SIGNATURE DATE

**Please return form to:** Melissa Haase – Administrative Assistant

St. Francis Memorial Hospital Foundation

 430 N. Monitor St., West Point, NE 68788