

Due by Friday, February 13, 2026

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