

EUGENE L. SUCHA, M.D. MEMORIAL SCHOLARSHIP**CONFIDENTIAL REFERENCE FORM**

NAME OF APPLICANT: _____

ADDRESS: _____

SCHOOL: _____

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

***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					

What do you consider the applicants strong points (In relation to the characteristics above)?

What do you consider the applicants significant limitations (In relation to the characteristics above)?

PRINTED NAME

SIGNATURE

DATE

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