

Mercy (Auxiliary/Legacy) Scholarship
References

Date: _____ Name of applicant: _____

Your Relationship to Applicant: _____

(Non-relative)

Please complete this reference form with your recommendation and **mail/or fax by May 1 to:**

Sherri Doggett
Mercy Medical Center
1 St. Joseph's Drive
Centerville, IA 52544
Fax: 641-437-3304

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

Skill	Exceptional	Above Average	Average	Below Average	No Response
Decision-making ability					
Organizational Skills					
Communication skills: • Written • Oral					
Adaptability to stress					
Positive Attitude					
Integrity					
Interpersonal Sensitivity					
Leadership ability					
Ability to commit to: • Goals • Persons					

In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. You may want to indicate your perceptions of the applicant's strengths and limitations.

My recommendation is: <input type="radio"/> highly recommend <input type="radio"/> recommend <input type="radio"/> do not recommend	
Signature of Person Making Recommendation	Date
Printed Name	Business and Position (if applicable)
Address	
Primary Phone Number	Secondary Phone Number