

GOOD SAMARITAN REGIONAL MEDICAL CENTER AUXILIARY
3600 NW SAMARITAN DRIVE
CORVALLIS, OR 97330

VIRGINIA WELCH
SCHOLARSHIP REFERENCE FORM

Name of Applicant: _____

The applicant has requested you to write a reference for a scholarship application. Applicants are evaluated on quality of application, quality of references, GPA, volunteer work/paid employment, financial need, choice of health field, and extracurricular activities. Therefore, the information you contribute is extremely important in the Scholarship Committee's decision. Please check the areas which you feel comfortable commenting upon.

The applicant must include this completed reference form with their scholarship application.

No separate letters will be accepted. The postmark deadline for the completed application is **April 15, 2022**. You may place this completed reference form in a sealed envelope before returning it to the applicant. Thank you for your assistance.

Please complete the following:

- | | <u>Above Average</u> | <u>Average</u> | <u>Below Average</u> |
|-------------------------|----------------------|----------------|----------------------|
| 1. Emotional maturity | | | |
| 2. Work habits | | | |
| 3. Responsibility | | | |
| 4. Interaction | | | |
| 5. Leadership | | | |
| 6. Academic performance | | | |
| 7. Other: _____ | | | |

Please share any additional information that will support your evaluation of the applicant:
(Do not use reverse side of paper; please use additional paper if needed.)

I understand that by checking yes in the box below my electronic signature carries the same weight and authority as my written signature.

Yes

Signature

Date

Name (Print)

Position:

Address:
