

MercyOne Centerville Medical Center (Auxiliary/Foundation) 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

MercyOne Centerville 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: <ul style="list-style-type: none"> • Written • Oral 					
Adaptability to stress					
Positive Attitude					
Integrity					
Interpersonal Sensitivity					
Leadership ability					
Ability to commit to: <ul style="list-style-type: none"> • 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: highly recommend recommend do not recommend

Signature of Person Making Recommendation	Date
Printed Name	Business and Position (if applicable)
Address	
Primary Phone Number	Secondary Phone Number