

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 and choice of health field. 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. Please provide it to the applicant prior to the deadline of **the current year Virginia Welch Scholarship Application**.

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.)

Signature

Date

Name (Print)

Position:

Address:
