

ST. LUKE'S HOSPITAL AUXILIARY SCHOLARSHIP PROGRAM REFERENCE

1. Applicant's Name _____
2. How long have you known the applicant? _____
3. In what capacity have you known the applicant? _____
(employer, teacher, etc.)
4. Please rate the applicant on the following characteristics:

	Excellent	Above Average	Average	Below Average	Poor
Probability of success	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Ability to get along with others	_____	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____	_____

5. Do you feel this applicant is deserving of a scholarship? Yes _____ No _____
6. General comments: _____

Signed _____ Date _____

The above information will be kept strictly confidential.

Please return reference form by **February 28, 2010** to:

St. Luke's Auxiliary
P.O. Box 3026
Cedar Rapids, IA 52405-3026

Name _____ Phone _____

Address _____

Thank you for your assistance on behalf of this applicant