

# Reference Form

## Student Scholarship Program

**Reference:** Thank you for taking time to fill out this Reference Form on behalf of the student’s application for the 2025 Windom Area Health Foundation Education Fund. Please complete this form electronically. Return the form to the student’s school Guidance Counselor by **March 18**. References cannot be friends or family members.

**Student:** It is your responsibility to make sure all reference forms are turned in by March 18, even if you do not see the completed version. Ensure that your reference knows the contact information for your Guidance Counselor. If you are a post-secondary applicant, ensure that the reference form gets back to Katie Greener:

*Kathryn.greener@windomareahealth.org or WAH Foundation, PO Box 339, Windom MN, 56101.*

<b>Reference Name:</b>	<b>Phone Number:</b>	<b>Email:</b>
<b>Student Applicant Name:</b>		
<b>Your Workplace &amp; Title:</b>	<b>How long have you known the student?</b>	<b>In what capacity have you known the student?</b>

**Please rate the applicant in the following capacities:**

Initiative	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion
Leadership	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion
Self confidence	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion
Acceptance of criticism	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion
Self-discipline	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion
Dependability	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion
Honesty	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion
Reaction to stress	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion
Organization skills	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion
Ability to work with people	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion
Ability to make decisions	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion
Resiliency	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Basis for Opinion

**Please describe three examples of the applicant's abilities related to the Scholarship criteria**  
(leadership, integrity, community service, commitment to healthcare studies):

1)

2)

3)

**Do you recommend the applicant for the Windom Area Health Foundation Scholarship?**

Do Not Recommend

Recommend with Reservation

Highly Recommend

**Additional Comments:**

**Authorization Statement**

*By checking this box, I certify that the information completed in this reference is complete and accurate to the best of my abilities. I understand that falsification of the requested information can disqualify a student's eligibility.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_