Kay Monson Scholarship Reference Form

Name of Applicant: _______________________________________________________
First                                           M.I.                                            Last

The individual who is completing this reference of me has my permission to release any information about me regarding my suitability for receiving this scholarship.

Date: ___________________Applicant’s Signature: _____________________________

I. Evaluator’s Relationship
   A. In what capacity have you known the applicant? __________________________
   ______________________________________________________________________

   B. How long have you known the applicant? __________________________

   C. How well do you know the applicant?                  □very well         □fairly well         □slightly

II. Applicant Ranking (circle the appropriate rating)

   Communication Skills
   5. Empathic and communicative with others
   4.  
   3. Hesitant and sometimes uncomfortable to communicate
   2.  
   1. Inconsiderate and incommunicative
       NA Unable to evaluate

   Personality
   5. Bubbly, outgoing, pleasant, inspiring to others
   4.  
   3. Polite, sometimes avoids interactions, average personality
   2.  
   1. Moody, changes attitude rapidly, discourteous
       NA Unable to evaluate

   Initiative
   5. Demonstrates enthusiasm and seeks difficult tasks
   4.  
   3. Satisfactory, sometimes opts for easier tasks
   2.  
   1. Does just enough to get by, seldom finishes task begun
       NA Unable to evaluate
**Decision Making Ability**
5. Makes decisions quickly but intelligently, able to weigh pros and cons and make the right decision.
4.
3. Usually makes the best decision after some thought, sometimes uncertain
2.
1. Argumentative with supervisor, prefers to do things his/her own way
NA Unable to evaluate

**Cooperation**
5. Enthusiastically helps others, dose task uncomplainingly
4.
3. Does what is assigned but seldom shows interest beyond that task
2.
1. Argumentative with supervisor, prefers to do things his/her own way
NA Unable to evaluate

**Quality of Performance**
5. Requires minimum supervision, almost always accurate
4.
3. Performance is reviewed with minor corrections for improvement
2.
1. Careless, makes frequent errors, needs direct supervision
NA Unable to evaluate

**Personal Appearance**
5. Careful about personal appearance; good taste in dress
4.
3. Generally neat and clean, somewhat more casual than would prefer
2.
1. Sloppy looks totally out of place for the expected role
NA Unable to evaluate

**Stability**
5. Tactful, even-tempered, acts responsible and tolerates pressure well
4.
3. Sometimes irritated and confused, usually remains calm
2.
1. Goes “to pieces” under pressure, loses temper easily, becomes a complainer
NA Unable to evaluate
Dependability
5. Always punctual
4. 
3. Usually punctual
2. 
1. Frequently tardy
NA Unable to evaluate

Professional Curiosity
5. Asks questions, reads about work-related issues, eager to learn and grow in job
4. 
3. Somewhat eager to learn and grow in job
2. 
1. Lacks motivation toward work
NA Unable to evaluate

Impression
What is your personal impression towards having this applicant in a responsible position under your direction?
☑️ Definitely would want her/him
☑️ Would want her/him
☑️ Would be satisfied to have her/him
☑️ Definitely would not want her/him
☑️ Unable to evaluate

Narrative
Describe everything that you feel the Avera St. Benedict Scholarship Committee should know about the character, ability or background of this applicant, if not already addressed, or specific reasons why you have judged her/him as you have. (Include extra pages if you wish).

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Summary
Please indicate your overall evaluation of the applicant.
Superior ☐  Excellent ☐  Good ☐  Fair ☐  Poor ☐

Evaluator Use Only
Please indicate which statement is your preference regarding the release of this information to the applicant.

☐ Applicant may see this reference information
☐ Applicant may not see this reference information

Signature___________________________________________Date_____________
Address_____________________________________________________________
Occupation___________________________________________________________

Please return to: Avera St. Benedict Health Center
                 Kay Monson Scholarship Committee
                 c/o Darcey Murtha
                 401 West Glynn Drive
                 Parkston, SD 57366
                 Darcey.Murtha@avera.org