



Dear Baptist Health Care Foundation Scholarship Applicant:

Thank you for your interest in our scholarship program. The Foundation scholarship application you requested is attached. Read and follow the directions very carefully.

Mail must be postmarked by Friday, February 26, 2021. There are **no exceptions** to this deadline. Applications may not be dropped off in person this year.

Mail the signed and completed application to:

**Baptist Health Care Foundation**  
**P. O. Box 241647**  
**Montgomery AL 36124-1647**

Baptist Health Team Members may send application materials to the Baptist Health Care Foundation using interoffice mail.

Before you send in your scholarship application; be sure all required documentation is completed and included. Please note that an **official** transcript from your school is required. The transcript must be submitted in a sealed envelope. An official at your school must sign your transcript, and applicants who fail to submit a signed, **official** transcript will be disqualified from scholarship consideration. **All incomplete or illegible applications will not be reviewed.**

Applicants will be notified by mail in April regarding the status of their application. If you have any questions about the Baptist Health Care Foundation Scholarship Program please call 334-747-4567 or 334-747-4534.

Warmest regards,

A handwritten signature in black ink, appearing to read "Tommy McKinnon".

Tommy McKinnon  
Vice President - Community Engagement  
Executive Director, Baptist Health Care Foundation

Enclosures: Criteria Sheet  
Scholarship Application  
Reference Forms #1 & #2

# Baptist Health Care Foundation Scholarships

## Scholarship Criteria 2021

### Nursing/Allied Health Scholarships

**\*All Nursing/Allied Health Scholarships require a minimum GPA of 3.0 on a 4.0 scale.**

#### **The Roselyn Reinhardt Battle Nursing Scholarship**

- ◆ **Amount: \$3,000.00**
- ◆ **Awarded to: Nursing Student**
- ◆ **Criteria**
  - ✓ Full time Junior or Senior Nursing Student enrolled in accredited School of Nursing in Alabama
  - ✓ Applicant from Autauga, Elmore, Lowndes, Macon or Montgomery County

#### **The Sue Cochran Nursing Scholarship**

- ◆ **Amount: \$3,000.00**
- ◆ **Awarded to: Nursing Student**
- ◆ **Criteria**
  - ✓ Preference given to Baptist Health employee or child of Baptist Health employee
  - ✓ Student enrolled in accredited college of nursing in Alabama
  - ✓ Applicant must be a college sophomore, junior or senior
  - ✓ Applicant must be from Alabama

#### **The Howard S. Durden Nursing Scholarship**

- ◆ **Amount: Two Semesters of Tuition**
- ◆ **Awarded to: Nursing Student**
- ◆ **Criteria**
  - ✓ Full time Junior or Senior Nursing student enrolled in Nursing School at Auburn University at Montgomery or Troy University Montgomery Campus
  - ✓ Applicant must be from Alabama
  - ✓ GPA requirement must be maintained to receive second semester of tuition

#### **The Opal Anderson Nursing Graduate Scholarship**

- ◆ **Amount: \$3,000.00**
- ◆ **Awarded to: Registered Nurse pursuing his/her Masters or Doctorate in Nursing.**
- ◆ **Criteria**
  - ✓ Preference given to Baptist Health employee or child of Baptist Health employee
  - ✓ Student enrolled in accredited college of nursing in Alabama
  - ✓ Applicant must be from Alabama

#### **Hilda Kay Nursing Scholarship**

- ◆ **Amount: \$1,000**
- ◆ **Awarded to: Nursing Student**
- ◆ **Criteria**
  - ✓ Full time Junior or Senior Nursing student enrolled in an accredited college of nursing.

### **Marlena Hayes Memorial Nursing Scholarship**

- ◆ **Amount: \$500**
- ◆ **Awarded to: Prattville Baptist Hospital Employee pursuing an undergraduate degree in Nursing or continuing education in Nursing.**
- ◆ **Criteria**
  - ✓ Full time employee of Prattville Baptist Hospital
  - ✓ Enrolled in an accredited college of nursing or continuing education program for nurses.

### **Clinical Laboratory Science Scholarship**

- ◆ **Amount: \$2,000**
- ◆ **Awarded to: Baptist Health Laboratory Employee advancing their education in laboratory science.**
- ◆ **Criteria**
  - ✓ Full time laboratory employee of Baptist Health
  - ✓ Enrolled in an accredited college or university program for laboratory science.

### **Employee & Employee Family Scholarships**

**\*All Employee & Employee Family Scholarships require a minimum GPA of 3.0 on a 4.0 scale.**

### **The Dr. Arthur M. Britton Scholarship**

- ◆ **Amount: Two Semesters of Tuition – Three scholarships to be awarded**
- ◆ **Awarded to: Baptist Health Employee pursuing an undergraduate degree in Nursing or Allied Health.**
- ◆ **Criteria**
  - ✓ Applicant must be from Montgomery, Autauga, or Elmore County
  - ✓ Baptist Health Employee in good standing with one or more years of service
  - ✓ Pursuing an undergraduate degree at an accredited school of nursing or allied health program
  - ✓ GPA Requirement must be met to receive second semester of tuition
  - ✓ Employment must continue with Baptist Health in order to receive second semester of tuition

### **Baptist Health Employee Scholarship**

- ◆ **Amount: \$2,000.00 or two \$1,000.00**
- ◆ **Awarded to: Baptist Health Employee pursuing a degree related to their employment**
- ◆ **Criteria**
  - ✓ Baptist Health Employee in good standing with one or more years of service to Baptist Health
  - ✓ Baptist Health Employee pursuing a degree related to their employment

### **Baptist Health Employee Family Scholarships**

- ◆ **Amount: \$1,000.00**
- ◆ **Awarded to: Baptist Health Employee Family Member** (one or two scholarships each for freshman, sophomore, junior, senior, technical school student and allied health).
- ◆ **Criteria**
  - ✓ Child or spouse of Baptist Health employee in good standing with one or more years of service to Baptist Health
  - ✓ Applicant must not be married and under the age of 26

### **Baptist Health Employee or Employee Family Master's Level Scholarship**

- ◆ **Amount: \$2,000.00 or two \$1,000.00**
- ◆ **Awarded to: Baptist Health Employee or Family Member**
- ◆ **Criteria**
  - ✓ Baptist Health employee or spouse or child of employee in good standing for one or more years of service to Baptist Health
  - ✓ Applicant enrolled in an accredited graduate school
  - ✓ Employee must be pursuing a degree related to their employment

### **The Michael D. DeBoer Medical Staff Nursing/Allied Health Scholarship**

- ◆ **Amount: \$2,000.00 or two \$1,000**
- ◆ **Awarded to: Nursing or Allied Health Student**
- ◆ **Criteria**
  - ✓ Baptist Health Employee or child of Baptist Health employee or Baptist Health Physician with one year or more of service to Baptist Health
  - ✓ Applicant must be pursuing a degree in nursing or allied health
  - ✓ Applicant must be from Alabama
  - ✓ Applicant must be college level sophomore or above

## **Baptist Medical Center South Auxiliary Scholarships**

### **Baptist Medical Center South Auxiliary Allied Health Scholarship**

(The Foundation accepts applications for this scholarship. Baptist Medical Center South Auxiliary selects the recipient of this scholarship. This scholarship is awarded in May.)

- ◆ **Amount: \$1,000.00**
- ◆ **Awarded to: Allied Health Student**
- ◆ **Criteria**
  - ✓ Completed one college quarter or semester
  - ✓ GPA of 2.75 on a 4.0 scale
  - ✓ Applicant residing in the Montgomery area
  - ✓ Preference given to Baptist Health employee or volunteer and their family members (child or spouse)

### **Baptist Medical Center South Auxiliary Nursing Scholarship**

(The Foundation accepts applications for this scholarship. Baptist Medical Center South Auxiliary selects the recipient of this scholarship. This scholarship is awarded in May.)

- ◆ **Amount: \$1,000.00**
- ◆ **Awarded to: Nursing Student**
- ◆ **Criteria**
  - ✓ Completed one college quarter or semester
  - ✓ Nursing student with acceptance letter to nursing school
  - ✓ Applicant residing in the Montgomery area
  - ✓ GPA of 3.0 on a 4.0 scale
  - ✓ Preference given to Baptist Health employee and volunteers or their family members (child or spouse)

## **Medical School Scholarships**

### **The Dr. William S. Dinerman Medical Scholarship**

- ◆ **Amount: \$2,000.00**
- ◆ **Awarded to: First Year Medical Student**
- ◆ **Criteria**
  - ✓ Applicant from Autauga, Elmore, Lowndes, Macon or Montgomery County

### **The Dr. Richard A. Harris Medical Scholarship**

- ◆ **Amount: \$2,000.00**
- ◆ **Awarded to: Medical School Student**
- ◆ **Criteria**
  - ✓ Applicant from Autauga, Elmore, Lowndes, Macon or Montgomery County
  - ✓ Applicant attending medical school in Alabama

### **The Steven J. Lueck Memorial Scholarship**

- ◆ **Amount: \$1,000.00**
- ◆ **Awarded to: Medical School Student**
- ◆ **Criteria**
  - ✓ Applicant enrolled in University of Alabama at Birmingham Medical School
  - ✓ Applicant from Autauga, Elmore, Lowndes, Macon or Montgomery County

### **The Baptist Health Medical Staff Scholarship**

- ◆ **\$5,000.00**
- ◆ **Awarded to: Medical School Student who is a child of a Baptist Health affiliated or staff Physician or Medical School Student who is a child of a Baptist Health Employee**
- ◆ **Criteria**
  - ✓ Applicant enrolled in an accredited medical school



**Baptist Health Care Foundation Scholarship Program**  
**P. O. Box 241647**  
**Montgomery, AL 36124-1647**

1. DEADLINE for the Foundation scholarship application is **Friday, February 26, 2021, 4:00 p.m. (no exceptions)**.
2. You may apply for as many of the scholarships listed below for which you are eligible. Make a check mark in the block next to the scholarship(s) you are applying for. Refer to criteria sheet for eligibility requirements.
3. Refer to the last page of this application for a list of the supporting documents needed. It is the applicant's responsibility to submit all required documents prior to the scholarship deadline.
4. All transcripts and reference forms must be submitted in sealed envelopes. Only one transcript and one set of reference forms are necessary, even if applying for multiple scholarships.
5. All questions must be answered on this application. If any question does not apply to you mark the space as N/A.
6. If a question is left unanswered it will be deemed an incomplete application. **Incomplete applications will not be considered.**
7. Type or print legibly. Illegible and incomplete applications will not be accepted.
8. You will be notified by mail in **April** regarding the status of your application.
9. Recipients will be asked to write a thank you note to the scholarship donors.
10. If you have any questions about the application, please call the Foundation office at 334-747-4567 or 334-747-4534.

**NOTE: Please do not call the Foundation to inquire about the results of scholarship selections.**

**Applicant's Name (Please Print):** \_\_\_\_\_

**Medical School Scholarships**

- |  |   |
|--|---|
| <input type="checkbox"/> Dr. William S. Dinerman Medical Scholarship | <input type="checkbox"/> Baptist Health Medical Staff Scholarship |
| <input type="checkbox"/> Dr. Richard A. Harris Medical Scholarship   | <input type="checkbox"/> Steven J. Lueck Memorial Scholarship     |

**Nursing & Allied Health Scholarships**

- |   |  |
|---|--|
| <input type="checkbox"/> Sue Cochran Nursing Scholarship                                  | <input type="checkbox"/> Opal Anderson Nursing Graduate Scholarship      |
| <input type="checkbox"/> Michael D. DeBoer Medical Staff Scholarship                      | <input type="checkbox"/> Howard S. Durden Nursing Scholarship            |
| <input type="checkbox"/> Roselyn Reinhardt Battle Nursing Scholarship                     | <input type="checkbox"/> Hilda Kay Nursing Scholarship                   |
| <input type="checkbox"/> Marlena Hayes Memorial Nursing Scholarship                       | <input type="checkbox"/> Baptist Health Clinical Laboratory Science Sch. |
| <input type="checkbox"/> Baptist Medical Center South Auxiliary Allied Health Scholarship |  |
| <input type="checkbox"/> Baptist Medical Center South Auxiliary Nursing Scholarship       |  |

**Baptist Health Employee and Family Scholarships**

- |  |  |
|--|--|
| <input type="checkbox"/> Baptist Health Employee Scholarship                                   | <input type="checkbox"/> Dr. Arthur M. Britton Scholarship |
| <input type="checkbox"/> Baptist Health Employee Family Scholarships                           |  |
| <input type="checkbox"/> Baptist Health Employee or Employee Family Master's Level Scholarship |  |

## Baptist Health Care Foundation Scholarship Application 2021

Please **type** or **print** your answers. **If the application is illegible it will not be accepted.**

|     |  |                              |
|-----|--|------------------------------|
| 1.  | Last Name: _____   | First Name: _____            |
| 2.  | Mailing Address:<br><b>Street:</b> _____<br><b>City:</b> _____ <b>State:</b> _____ <b>ZIP:</b> _____   |                              |
| 3.  | Daytime Telephone Number: (    ) _____   | Email Address: _____         |
| 4.  | In the fall of 2021, I will be attending college as a: (Circle one)<br>Freshman    Sophomore    Junior    Senior    Master's Level    Doctorate Level<br>Technical School Student    Medical School Student    Nursing School Student (year _____)<br>Expected Date of Graduation: _____    If Nursing: _____BSN or _____ADN |                              |
| 5.  | I will be attending the following school in the <u>fall of 2021</u> : _____<br><b>** Proof of acceptance or current student enrollment from the above school is required.</b>  |                              |
| 6.  | <b>Grade Point Average (GPA): _____ (On a 4.0 scale)</b><br><b>**Attach proof of GPA. Your most recent official school transcript required.</b>  |                              |
| 7.  | Are <u>you</u> an employee of Baptist Health?    Yes _____    No _____<br>If your answer is 'yes' please answer blocks A, B, C, D, & E below. If your answer is 'no' go to item 8.   |                              |
|     | A. Name of Baptist Health Facility: _____  | D. Department Name: _____    |
|     | B. Length of your employment at Baptist Health: _____  | E. Employee ID Number: _____ |
|     | C. Supervisor's Name: _____  |                              |
| 8.  | Is your <u>spouse, parent or legal guardian</u> an employee of Baptist Health?    Yes _____    No _____<br>If your answer is 'yes' please answer blocks A, B, C, D, E, & F below. If your answer is 'no' go to item 9.   |                              |
|     | A. Name & Relationship: _____  |                              |
|     | B. Name of Baptist Health Facility: _____  | E. Department Name: _____    |
|     | C. Length of employment at Baptist Health: _____   | F. Employee ID Number: _____ |
|     | D. Supervisor's Name: _____  |                              |
| 9.  | Are your parents or legal guardians currently working as volunteers at a Baptist Health facility?  | Yes ____ No ____             |
| 10. | Are you or have you ever been a volunteer at a Baptist Health facility?<br>If "yes," when and how long did you volunteer?  | Yes ____ No ____             |

|     |  |                            |            |                                   |  |  |
|-----|--|----------------------------|------------|-----------------------------------|--|--|
| 11. | Name and city of high school attended:   |                            |            |                                   | Year graduated:                            |  |
| 12. | List the name of any college you have attended.<br>(If you have not attended college yet, go on to question 13.) | Year Began                 | Year Ended | Year Graduated<br>(If applicable) | Type of Degree Received<br>(If applicable) |  |
|     | A.   |                            |            |                                   |  |  |
|     | B.   |                            |            |                                   |  |  |
|     | C.   |                            |            |                                   |  |  |
| 13. | <b>What field will be your major as you continue your education?</b>   |                            |            |                                   |  |  |
|     | List expenses you expect to incur per semester or quarter:   |                            |            |                                   |  |  |
|     | A.   | Tuition:                   | Amount: \$ |                                   |  |  |
|     | B.   | Books:                     | Amount: \$ |                                   |  |  |
|     | C.   | Room & Board:              | Amount: \$ |                                   |  |  |
|     | D.   | Other expenses:            | Amount: \$ | Describe below under comments     |  |  |
|     | E.   | Other expenses:            | Amount: \$ | “                                 |  |  |
|     | Comments:  |                            |            |                                   |  |  |
|     |  |                            |            |                                   |  |  |
|     |  |                            |            |                                   |  |  |
| 14. | List other financial assistance you will receive per semester or quarter:  |                            |            |                                   |  |  |
|     | A.   | Personal:                  | Amount: \$ |                                   |  |  |
|     | B.   | Other Scholarship(s):      | Amount: \$ | Describe below under comments     |  |  |
|     | C.   | Grants:                    | Amount: \$ | “                                 |  |  |
|     | C.   | Student Loan(s):           | Amount: \$ | “                                 |  |  |
|     | D.   | Other Financial Resources: | Amount: \$ | “                                 |  |  |
|     | Comments:  |                            |            |                                   |  |  |
|     |  |                            |            |                                   |  |  |
|     |  |                            |            |                                   |  |  |

Use an additional sheet if you need more room to list financial information requested in items 13 & 14.

|     |   |
|-----|---|
| 15. | What are your educational and professional goals and objectives? (You can attach your resume and/or personal statement if it has this information.) |
|-----|---|

|     |   |
|-----|---|
| 16. | List your academic honors, awards and membership activities while in high school or college. (You can attach your resume if it has this information.) |
|-----|---|



|     |  |
|-----|--|
| 17. | List your community service activities, hobbies, outside interests, and extracurricular activities. (You can attach your resume if it has this information.) |
|-----|--|

|     |  |
|-----|--|
| 18. | Please share additional information that may be helpful to the committee (i.e. marital status, children or dependents in your household, current employment, information about your academic journey, etc.). |
|-----|--|

|     |   |    |  |
|-----|---|----|--|
| 19. | <p>A. The following items must be attached to this application in order for the application to qualify for review by the scholarship committee.</p> <p>B. Your application will not be accepted if these items are not attached to this application. (No exceptions)</p> <p>C. Circle "YES" or "NO" to be sure you have attached each item as required.</p> |    |  |
|     | YES   | NO | <p><b>Two reference forms.</b> Return these completed forms in a sealed envelope from your teacher or professor. One Community reference may be submitted if the student is still in high school, or takes online college courses. Two reference forms are included in this application packet. It is the applicant's responsibility to provide the reference with a reasonable amount of time to complete the reference form.</p> |
|     | YES   | NO | <p><b>Proof of college acceptance or current student enrollment.</b> A letter of college acceptance is required if you are enrolled in a nursing school, in medical school or are a beginning freshman (otherwise a current college transcript will be acceptable).</p>  |
|     | YES   | NO | <p><b>Most recent <u>official</u> high school or <u>official</u> college transcript.</b> Photocopies and/or unofficial versions of your transcript are <b>not acceptable</b>. Transcripts must be submitted in sealed envelopes to be considered. Applications submitted with <b>unofficial transcripts</b> are considered incomplete!</p>   |

**STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program. I understand I will be asked to write a thank you note to the donors who provided my scholarship if I am selected.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REMEMBER**

***The deadline for this application to be received by the Foundation is February 26, 2021; 4:00 p.m. No exceptions!***



P. O. Box 241647  
Montgomery AL 36124-1647  
(334) 273-4567

BAPTIST HEALTH CARE FOUNDATION  
SCHOLARSHIP PROGRAM

Teacher/Professor REFERENCE FORM

TO THE APPLICANT:

After you have completed the personal information below, give this form to a teacher or professor who knows you well and has taught you in an academic subject either this year or the year before. Your teacher or professor will appreciate receiving this form as soon as possible so he/she can be sure to complete it well before the February 26, 2021 deadline when the scholarship application is due. Your teacher or professor will return this completed reference form to you in a sealed & signed envelope and then you are responsible for including this reference form with your scholarship application. Be sure to keep it in the sealed & signed envelope from your teacher or professor.

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Applicant's Address: \_\_\_\_\_  
(Number & Street) (City) (State) (ZIP)

School Attending: \_\_\_\_\_  
(Official Name of School)

School Phone Number: ( \_\_\_ ) \_\_\_\_\_

School Address: \_\_\_\_\_  
Street Address) (City) (State) (ZIP)

**TO THE TEACHER OR PROFESSOR:**

We recognize the demands on your time, and we appreciate the efforts you expend on behalf of your students who apply for college scholarships. We consider the teacher's/professor's reference extremely important in evaluating scholarship applicants. The task of our scholarship selection committee is to distinguish the very best candidates (using a variety of criteria) from among many well qualified students. If a candidate has exceptional qualities or unique characteristics, they should be noted. **PLEASE return this reference form to this student in a sealed & signed envelope.** This reference form is part of the application criteria the student is required to return with the scholarship application. Thank you.

How long have you known the applicant? \_\_\_\_\_

Subject(s) you have taught the applicant and grade(s) earned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
 Print or type full name of student

**The following is a checklist that will provide a convenient method to evaluate the applicant. Please evaluate this applicant in comparison to other students you have taught. Please skip any category that does not apply.**

| Criteria                     | Fair | Average | Above Average | Very Good (Top 10%) | Outstanding (Top 5%) |
|------------------------------|------|---------|---------------|---------------------|----------------------|
| Academic achievement         |      |         |               |                     |                      |
| Initiative/motivation        |      |         |               |                     |                      |
| Intellectual curiosity       |      |         |               |                     |                      |
| Oral communication           |      |         |               |                     |                      |
| Written communication        |      |         |               |                     |                      |
| Self-confidence              |      |         |               |                     |                      |
| Leadership/influence         |      |         |               |                     |                      |
| Responsibility               |      |         |               |                     |                      |
| Integrity                    |      |         |               |                     |                      |
| Concern for others           |      |         |               |                     |                      |
| Respect for differences      |      |         |               |                     |                      |
| Emotional maturity           |      |         |               |                     |                      |
| Reaction to setbacks         |      |         |               |                     |                      |
| Extra-curricular involvement |      |         |               |                     |                      |
| Overall recommendation       |      |         |               |                     |                      |

Other comments about the applicant you would like to mention: (If you need more room please use an additional sheet.)

Teacher's/Professor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Print or type full name

Signature of Teacher/Professor: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE return this reference form to the student in a sealed & signed envelope.** This reference form is part of the application criteria the student is required to return with the scholarship application. If you have any questions or need to contact someone at the Foundation please call (334) 747-4567 or (334) 747-4534.



P. O. Box 241647  
Montgomery AL 36124-1647  
(334) 273-4567

**BAPTIST HEALTH CARE FOUNDATION  
SCHOLARSHIP PROGRAM**

**COMMUNITY SERVICE/CLERGY/EMPLOYER REFERENCE FORM**

**TO THE APPLICANT:**

After you have filled out the personal information below, give this form to either your direct supervisor, pastor/rabbi/priest from your place of worship or director of a civic or community organization of which you are a member (who knows you well). Your reference will appreciate receiving this form as soon as possible so he/she can be sure to complete it well before the February 26, 2021 deadline when the scholarship application is due. Your reference will return this completed reference form to you in a sealed & signed envelope and then you are responsible for including this reference form with your scholarship application. Be sure to keep it in the sealed & signed envelope from your reference.

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Applicant's Address: \_\_\_\_\_  
(Number & Street) (City) (State) (ZIP)

School Attending: \_\_\_\_\_  
(Official Name of School)

School Phone Number: ( \_\_\_ ) \_\_\_\_\_

School Address: \_\_\_\_\_  
Street Address) (City) (State) (ZIP)

**TO THE LEADER COMPLETING THIS REFERENCE FORM:**

We recognize the demands on your time, and we appreciate your efforts in assisting the applicant. We consider the references to be extremely important in evaluating scholarship applicants. The task of our scholarship selection committee is to distinguish the very best candidates (using a variety of criteria) from among many well qualified students. If a candidate has exceptional qualities or unique characteristics, they should be noted. **PLEASE return this reference form to this student in a sealed & signed envelope.** This reference form is part of the application criteria the student is required to return with the scholarship application. Thank you.

How long have you known the applicant? \_\_\_\_\_

How have you come to know the applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Name: \_\_\_\_\_  
 Print or type full name of student

The following is a checklist that will provide a convenient method to evaluate the applicant. Please evaluate this applicant in comparison to other individuals you know in a similar capacity. Please skip any category that does not apply.

| Criteria                | Fair | Average | Above Average | Very Good (Top 10%) | Outstanding (Top 5%) |
|-------------------------|------|---------|---------------|---------------------|----------------------|
| Initiative/motivation   |      |         |               |                     |                      |
| Oral communication      |      |         |               |                     |                      |
| Written communication   |      |         |               |                     |                      |
| Creativity              |      |         |               |                     |                      |
| Self-confidence         |      |         |               |                     |                      |
| Leadership/influence    |      |         |               |                     |                      |
| Responsibility          |      |         |               |                     |                      |
| Integrity               |      |         |               |                     |                      |
| Concern for others      |      |         |               |                     |                      |
| Respect for differences |      |         |               |                     |                      |
| Emotional maturity      |      |         |               |                     |                      |
| Reaction to setbacks    |      |         |               |                     |                      |
| Respected by peers      |      |         |               |                     |                      |
| Community involvement   |      |         |               |                     |                      |
| Overall recommendation  |      |         |               |                     |                      |
|                         |      |         |               |                     |                      |
|                         |      |         |               |                     |                      |

Other comments about the applicant you would like to mention: (If you need more room please use an additional sheet.)

Reference's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Print or type full name

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE return this reference form to the student in a sealed & signed envelope.** This reference form is part of the application criteria the student is required to return with the scholarship application. If you have any questions or need to contact someone at the Foundation please call (334) 747-4567 or (334) 747-4534.