

SCHOLARSHIP APPLICANT REFERENCE FORM

NEW JERSEY OSTEOPATHIC EDUCATION FOUNDATION
One Distribution Way • Suite 201 • Monmouth Junction, NJ 08852 • 732-940-9000

INSTRUCTIONS

In recommending this student for scholarship consideration, check the appropriate boxes below relative to your evaluation of the student. Please return this completed form as soon as possible; the applicant will receive further consideration only when the form is received by NJOEF. It is important that you answer each question. If additional space is needed, please use the “Additional Comments” section or attach a supplemental page.

1. Name of Applicant:
Mr. Miss Ms. Mrs. _____
Last First Middle
2. How long have you known the applicant? _____
3. What is your relationship to the applicant? Employer Teacher Advisor Clergyman Physician
Other (explain) _____
4. Please grade the applicant using the scale below:
 4 = Outstanding 3 = Above Average 2 = Average 1 = Below Average 0 = Poor N = No Basis for Judgment

Evaluation Criteria	4	3	2	1	0	N
Judgment and maturity <i>Common sense, decisiveness</i>						
Knowledge of and interest in osteopathic medicine <i>Depth of commitment</i>						
Effectiveness of oral communication <i>Clarity, articulates position well</i>						
Initiative <i>Self-starter, independent, needs little or no supervision</i>						
Demeanor <i>Warm, responsive to others' feelings</i>						
Intellectual ability <i>Analytical powers, reasoning ability</i>						
Independence of thought <i>Originality, imagination, creative intelligence</i>						
Reliability <i>Dependability, you can count on him/her</i>						
Integrity <i>Practices high principles without evoking antagonism; moral consistency</i>						
Self understanding <i>Knows his/her strengths; works on weaknesses</i>						
Personal Appearance <i>Appropriate for whatever occasion arises</i>						

