

MNA FOUNDATION SCHOLARSHIP APPLICATION

REFERENCE FORM (Page 1 of 2)

Applicant: Please provide a copy of this form to each of your three (3) references to complete.

This form must be submitted with your application by January 31st.

Applicant's Name: _____

The above-named applicant is applying for the MNA Foundation Scholarship. In addition to the applicant's GPA, we ask each applicant to supply references. Your cooperation in completing the questions below would be very valuable to us in considering the applicant for the MNA Foundation Scholarship.

I. Knowledge of the Applicant

1. How long have you known the applicant? _____ YR(s) _____ MO(s)

2. In what capacity have you known the applicant?

II. Relative ratings of the applicant: Please use your knowledge of the applicant to rate the characteristics listed below. In rating the applicant, please keep in mind the comparison group you state below (undergraduate students, graduate students, practicing nurses, or other).

Comparison group: _____

Specific Characteristics	N/A Unable to judge (0)	Low (1)	Good (2)	Very Good (3)	Outstanding (4)
1. Strength of interest/commitments to advance nursing					
2. Motivation/diligence					
3. Ability to get along with other					
4. Professional integrity					
5. Clinical competence					
6. Demonstration of leadership skills					
7. Ability to organize					
8. Critical thinking/analytic abilities					
9. Communication skills/ability to articulate ideas					
10. Creativity					
FOR OFFICE USE ONLY			Total Points _____		



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III. Comments: (Please consider the characteristics rated in Section II)

Name _____

Title/Position _____

Address _____

Phone _____ Email _____

Signature _____

Mentors, please return this form, filled out, to the applicant.

Applicants, please attach this form to your online scholarship application when prompted.

MONTANA NURSES ASSOCIATION FOUNDATION

Questions? Email info@mtnurses.org

20 Old Montana State Hwy

Clancy, MT 59634

