

**LWML RMD SCHOLARSHIP  
PERSONAL REFERENCE**

(Please type or print)

NAME OF APPLICANT: \_\_\_\_\_

HOW DO YOU KNOW THIS APPLICANT? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

NAME AND ADDRESS OF PERSON SUBMITTING THIS FORM:  
\_\_\_\_\_  
\_\_\_\_\_

(Check appropriately)	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Compatibility with others	_____			
Leadership Skills	_____			
Conduct	_____			
Communication Skills:				
Written	_____			
Oral	_____			
Initiative	_____			
Dependability	_____			
Interest and participation In activities	_____			

PERSONAL REMARKS: (Please choose two of the above areas and expound briefly)

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

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Signature Date

**PLEASE SEND THE COMPLETED FORM BY MAY 1, 20187 TO:**

**Jeanne Ostermann  
LWML RMD SCHOLARSHIP CHAIRMAN  
3670 Abbey Heights  
Colorado Springs. CO 80917  
jko52@aol.com**