

**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)

Signature _____ **Date** _____

PLEASE SEND THE COMPLETED FORM BY MAY 1, 2019 TO:

Sue Frauenfeld
LWML RMD Scholarship Committee Chairman
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Denver, CO 80221
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