

Scholarship Application – Reference Form

Minnesota Organization of Leaders in Nursing

Instructions: Complete all sections below and save this form to your computer. Return your completed Reference Form to the individual seeking the scholarship to submit with their application. All shared information is strictly confidential.

Applicant: Please upload your completed reference forms into the online submission portal. **Please note, the completed scholarship application and all supporting documents must be submitted online no later than September 20.**

Applicant information

| |
|---|
| NAME OF APPLICANT |
| HOW LONG HAVE YOU KNOWN THE APPLICANT? |
| IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? (CHECK ONE) Immediate Supervisor Instructor or Peer MOLN Member Other (specify): |

Please rate the applicant on the following characteristics:

| | EXCELLENT | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | POOR |
|----------------------------------|-----------|---------------|---------|---------------|------|
| Probability of success | | | | | |
| Dependability | | | | | |
| Initiative | | | | | |
| Ability to get along with others | | | | | |
| Communication skills | | | | | |
| Professionalism | | | | | |

What indication can you give of the applicant's desire to contribute to nursing leadership? (350-500 words)

| |
|--|
| |
|--|

Additional comments

| |
|--|
| |
|--|

Signature

| | |
|--------------|-------|
| PRINTED NAME | TITLE |
| SIGNATURE | DATE |

After completing this form, please return it to the applicant for inclusion with their online application materials.