



**Scholarship Applicant Reference Form**  
**NEW JERSEY ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS**  
 Plainsboro Road Suite 356 | Plainsboro, NJ 08536  
 Fax Number: 732-940-8899

**INSTRUCTIONS**

In recommending this student for scholarship consideration, check the appropriate boxes below relative to your evolution of the student. Please return this completed form by **May 31<sup>st</sup>, 2019**; the applicant will receive further consideration **ONLY** when this form is received by NJOEF. It is important that you that you answer each question. If additional space is needed, please use the "Additional Comments" section or attach a supplemental page.

Name of Applicant:  Mr.  Mrs.  Miss \_\_\_\_\_  
Last Name First Name

How Long Have You Know the Applicant? \_\_\_\_\_

What is Your Relationship to the Applicant?  Employer  Physician  Teacher  Advisor  Clergyman  
 Other (explain): \_\_\_\_\_

**Please Grade the Applicant Using the Scale Below:**

4= Outstanding                      3= Above Average                      2= Average                      1= Below Average

<i>Evaluation Criteria</i>	4	3	2	1	N
<b>Judgment and Maturity</b> <i>Common Sense, Decisiveness</i>					
<b>Knowledge of and Interest in Osteopathic Medicine</b> <i>Depth of Commitment</i>					
<b>Effectiveness of Oral Communication</b> <i>Clarity, articulates position well</i>					
<b>Initiative</b> <i>Self-Started, Independent needs little or no supervision</i>					
<b>Demeanor</b> <i>Warm, Responsive to Others' Feelings</i>					
<b>Intellectual Ability</b> <i>Analytical Powers, Reasoning Ability</i>					
<b>Independent of Thought</b> <i>Originality, Imagination, Creative Intelligence</i>					
<b>Reliability</b> <i>Dependability, You Can Count of Him/Her</i>					
<b>Integrity</b> <i>Practices High Principles Without Evoking Antagonism</i>					
<b>Self Understanding</b> <i>Knows his/her Strengths; Works of Weaknesses</i>					
<b>Personal Appearance</b> <i>Appropriate for Whatever Occasion Arises</i>					

