

ND Veterinary Medical Association (NDVMA)
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Scholarship Reference Form

*Completed form must be mailed, emailed or faxed to the address listed above by June 1, 2025
If submitting additional information please provide one sided paper.*

Applicants Name: _____

	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Unable to Rate</u>
Communication Skills	_____	_____	_____	_____
Rapport with Peers/Supervisory Persons	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Enthusiasm/Interest	_____	_____	_____	_____
Personal & Professional Conduct	_____	_____	_____	_____

Please comment on each item you rated "Below Average" or "Above Average".

Strengths of applicant:

Weakness of applicant:

Length of time you have known applicant: _____

Capacity in which you have know applicant: _____

Name (Please Print): _____ Title: _____

Address: _____

Telephone Number: _____ Signature: _____