

**ADAMS-MARQUETTE VETERINARY SERVICE  
SCHOLARSHIP APPLICATION REFERENCE**

For Office Use Only  
Date Received:

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**Send to Adams-Marquette Veterinary Service Attention: Scholarship Program, W8881 State Hwy 82 Oxford, WI 53952 no later than March 15th, 2010. If your reference is not postmarked by that date, the student's application will not be considered.**

Name of Applicant: \_\_\_\_\_

The above named applicant has given your name to us as a reference in evaluating his/her scholarship application. Based on your experience(s) with the applicant, we would appreciate any insight you may be able to provide.

**Please be as specific and concise as possible.** You need not list the applicant's activities, grades, or future plans; those are reported in the application form. All information will be held in the strictest confidence.

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>	<b>Outstanding</b>
<b>Scholastic</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adaptability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reliability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Integrity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-discipline</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Attendance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you know the applicant? If you were a teacher or coach, give the subject; if employer, the company. Please include length of time you have known the applicant and any additional comments.

Signature: \_\_\_\_\_

Print or Type Your Name: \_\_\_\_\_

Place of Employment and Position Held: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_