



## The Doctor Thomas P. and Edwina H. Devlin

### Medical Scholarship Fund

34 Pleasant Street, Stoneham, MA 02180  
781-438-7828 | devlinscholarship@gmail.com

#### Reference Form

PLEASE RETURN THIS TYPED FORM NO LATER THAN **JUNE 1<sup>ST</sup> TO ADDRESS ABOVE.**

*(Please note: this form is fillable and printable in Adobe Reader, but changes cannot be saved in Reader.)*

**NAME OF APPLICANT:** \_\_\_\_\_

The student named above has applied for a scholarship grant from the Doctor Thomas P. and Edwina H. Devlin Medical Scholarship Fund. This Scholarship Fund was established to assist worthy medical and nursing school students with the cost of tuition, books, and other necessary expenses related to attendance at an accredited medical or nursing school.

Your completion of this form will greatly assist us in the selection of the students most worthy to receive financial assistance from the Scholarship Fund. Your reply will be kept strictly confidential. Thank you.

**1.** Please specify *how long* and *in what capacity* you have known the applicant.

---

---

---

**2.** Please describe this candidate with respect to the following qualities: intelligence, personality, character, scholastic standing, leadership, willingness to accept responsibility, judgment, dependability, ethics, well-rounded interests and aptitudes, and dedication to profession.

---

---

---

---

---

---

---

**3.** Please explain what you consider to be the **STRONGEST** and the **WEAKEST** characteristics about this applicant. You may add any additional information you feel might aid the Trustees in evaluating this applicant. *(Feel free to continue your remarks on a separate sheet.)*

---

---

---

---

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_