PERSONAL, EDUCATIONAL OR PROFESSIONA	AL REFERENCE	COVER SHEET	
Name of Applicant:			
Reference's			
Information:			
Name	Date		
How long have you known Applicant?			
What is your relationship to Applicant?			
Please write a brief one-page letter addressing the conduct, adaptability, motivation and strength of Applicant.			
Please return the cover sheet and reference I mail it directly to:	etter to the ap	oplicant in a sealed envelope	0
Mary Richards Memorial Scholarship c/o Southern Coos Health Foundation PO Box 1933 Bandon, OR 97411			
or Drop off at			
Southern Coos Hospital & Health Center from	nt desk 900 11	th Street,	

All application materials, including reference letters, must be turned in by Friday, June 16, 2023 at 5 p.m.

SE Bandon, OR 97411