

PERSONAL, EDUCATIONAL OR PROFESSIONAL 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 letter to the applicant in a sealed envelope or mail it directly to:

**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 front desk 900 11th Street, SE
Bandon, OR 97411**

**All application materials, including reference letters, must be
turned in by Monday, July 8, 2024 at 5 p.m.**

