

**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 statement 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 Health Foundation  
900 11th Street, SE  
Bandon, OR 97411**

**All reference letters must be turned in by Friday, Aug. 1, 2025, 5 p.m.**