



2025 Scholarship Applicant Reference Form
 NEW JERSEY ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS
 1 Tree Farm Road Suite 202 Pennington, NJ 08534
 Fax Number: 732-940-8899

INSTRUCTIONS

In recommending this student for scholarship consideration, check the appropriate boxes below relative to your evolution of the student. Please return this completed form by **November 24, 2025**; the applicant will receive further consideration **ONLY** when this form is received by NJOEF. It is important that you that you answer each question. If additional space is needed, please use the "Additional Comments" section or attach a supplemental page.

Name of Applicant: Mr. Mrs. Miss _____
Last Name First Name

How Long Have You Know the Applicant? _____

What is Your Relationship to the Applicant? Employer Physician Teacher Advisor Clergyman
 Other (explain):

Please Grade the Applicant Using the Scale Below:

4= Outstanding 3= Above Average 2= Average 1= Below Average

<i>Evaluation Criteria</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>	<i>N</i>
Judgment and Maturity <i>Common Sense, Decisiveness</i>					
Knowledge of and Interest in Osteopathic <i>Medicine Depth of Commitment</i>					
Effectiveness of Oral Communication <i>Clarity, articulates position well</i>					
Initiative <i>Self-Started, Independent needs little or no supervision</i>					
Demeanor <i>Warm, Responsive to Others' Feelings</i>					
Intellectual Ability <i>Analytical Powers, Reasoning Ability</i>					
Independent of Thought <i>Originality, Imagination, Creative Intelligence</i>					
Reliability <i>Dependability, You Can Count of Him/Her</i>					
Integrity <i>Practices High Principles Without Evoking Antagonism</i>					
Self Understanding <i>Knows his/her Strengths; Works of Weaknesses</i>					
Personal Appearance <i>Appropriate for Whatever Occasion Arises</i>					

