Saint Francis Medical Center College of Nursing
Attn: Student Finance Office
511 NE Greenleaf St. Peoria IL 61603
Phone (309)655-3450 Fax (309) 655-3962
Or scan & email to carlene.j.murali@osfhealthcare.org
Deadline: April 24, 2013

FACULTY or LEADERSHIP ADVISOR REFERENCE

To be completed by the student:
Name of SFMC College of Nursing Faculty or Leadership Advisor: _____
*Name of Course or Leadership Role*_____
Name of Applicant_____ Phone or email_____
Address:_____
I grant permission for the authorities of OSF Saint Francis Medical Center, Saint Francis Medical Center College of Nursing or the Scholarship Committee to investigate my references and release said Medical Center, College, Scholarship Committee and my (current/former) instructor of all liabilities resulting from such investigation.
This completed reference form will be used for consideration of MEEP and/or Institutional/Private SFMC -CON scholarships. This reference may also be used in other circumstances upon my separate written request.

_____ _____
Applicant's Signature Date

To be completed by Faculty or Leadership Advisor
Please use the box below to indicate your assessment of student's abilities.

Trait	**Superior**	**Above** Average	**Average**	**Below** Average	**No Opport To Observe**	**Comments** Strengths or weaknesses
Performance: Carries out assigned tasks promptly, independently and thoroughly; persevering, industrious						
Originality: Demonstrates initiative and resourcefulness; uses imagination and is not stereotyped in thinking						
Judgment: Critically and reliably evaluates facts (or people, policies, situations); uses common sense						
Written and Oral Expression: Expresses self well orally and in writing						
Development Potential: Has potential for personal and professional growth						
Leadership: Capacity to assume responsibility, organize work and harmoniously execute a project with others						
Adaptability: Ability to evaluate new or changing conditions and accept them naturally.						
Consistent Involvement: Attendance at meetings projects, & group functions						

Student was/is in his/her ____Junior _____Senior year when in my class or organization.

_____ _____
Faculty or Leadership Advisor Signature Date