

**Foothills Nursing Consortium  
Character Reference Form**

\_\_\_\_\_  
**Name of Applicant**

Please provide information that would assist in the consideration of the person named above for admission to the Associate Degree Nursing Program preparing for licensure as a registered nurse.

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? (Not a relative or close friend)

Teacher \_\_\_\_\_ Guidance Counselor \_\_\_\_\_ Employer \_\_\_\_\_ Other \_\_\_\_\_ (Specify)

Please indicate your opinion of the applicant's characteristics in the following areas by checking the appropriate space. You may insert any other.

A.

Personal Characteristics	Unknown	Below Average	Average	Above Average
1. Honesty				
2. Cooperative				
3. Emotional Control				
4. Judgment				
5. Assertive				
6. Ability to relate to people				
7. Resourceful				
8. Dependable				
9. Neat				
10.				

B. List any special interest, talents, strengths, or weaknesses of the applicant that are known to you. (Use the reverse side or an additional sheet, if needed).

\_\_\_\_\_

\_\_\_\_\_

Has the applicant demonstrated qualities of leadership in his/her school or community?

Yes \_\_\_\_\_ No \_\_\_\_\_

What is your opinion regarding the applicant's suitability for a program of studies leading to Registered Nursing?

Do Not Recommend \_\_\_\_\_ Recommend with Reservation \_\_\_\_\_  
Recommend \_\_\_\_\_ Recommend Highly \_\_\_\_\_

\_\_\_\_\_  
**Signature, Title or Occupation**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

**PLEASE RETURN THIS FORM  
IN AN ENVELOPE SIGNED AND  
SEALED BY YOU TO:**

**Susan V. Hendrick  
Isothermal Community College  
P.O. Box 804  
Spindale, NC 28160**