



# Michael Edward Steeves

## Memorial Bursary

### Confidential Reference Form

The Michael Edward Steeves Memorial Bursary (valued at \$1000.00), will be granted to individuals who are pursuing a Primary Care Paramedicine education at Medavie HealthEd. The successful candidate will be an individual who exemplifies outstanding leadership abilities and a commitment to excellence in all that they do. The successful candidate must also demonstrate a strong personal commitment to their chosen profession; they must be able to articulate a vision for what they would like to contribute to it in the future.

*Please print legibly.*

Name of Applicant: \_\_\_\_\_

I have known this candidate for \_\_\_\_\_ years. In what capacity?

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Please rate the applicant on the following characteristics and aptitudes using the scale provided. Consider the level of accomplishment usually expected when completing this section.

1. Inadequate Knowledge to Rate
2. Poor
3. Below Average

4. Average
5. Above Average
6. Outstanding

\_\_\_\_\_ Interest in the Paramedic Field as a Profession  
\_\_\_\_\_ Knowledge and Understanding of the  
Paramedic Field  
\_\_\_\_\_ Leadership  
\_\_\_\_\_ Initiative  
\_\_\_\_\_ Emotional Maturity  
\_\_\_\_\_ Communication Oral  
\_\_\_\_\_ Communication Written

\_\_\_\_\_ Shares Ideas  
\_\_\_\_\_ Works Effectively with Others  
\_\_\_\_\_ Perseveres to Achieve Goals  
\_\_\_\_\_ Establishes Good Public Relations  
\_\_\_\_\_ Potential for Achievement

Other: Please Label

\_\_\_\_\_



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Based on your knowledge of this candidate, please describe any outstanding characteristics that you consider to be of special significance.

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Based on your knowledge of this candidate, please describe any limiting characteristics that you consider to be of special significance.

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Would you employ this candidate? Yes \_\_\_\_ No \_\_\_\_

Why or why not:

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The Selection Committee may wish to contact you to conduct a telephone interview to clarify or discuss information you provided through this form.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

This form is to be mailed directly in a sealed envelope to:

Scholarship Committee, Medavie HealthEd

154 – 50 Eileen Stubbs Ave, Dartmouth, NS B3B 0M7