



Adult Practical Nursing Program  
Southern Adirondack Education Center  
1051 Dix Ave, Building C  
Hudson Falls, NY 12839

## CHARACTER REFERENCE FORM

**Applicant Name:** \_\_\_\_\_

The above named person has applied for admission to the WSWHE BOCES Adult Practical Nursing Program. Please provide the requested information regarding this applicant.

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

What is your relationship to the applicant? \_\_\_\_\_

PLEASE RATE THE APPLICANT	Superior	Average	Poor
General Attitude			
Sense of Responsibility			
Personal Appearance & Hygiene			
Emotional Maturity			
Courtesy & Social Sense			
Discretion in Speech & Manner			

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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