

LETTER OF REFERENCE

Please fill out and return directly to:

Medical Society of Sedgwick County
ATTN: Deanne Newland
1102 S. Hillside
Wichita, KS 67211

_____ has applied for a loan from the Medical Society of Sedgwick County in order to enter medical school or complete his or her medical education. In order to properly evaluate their application, please provide us with the following information:

How long have you known this applicant? _____

What is your relationship to the applicant? _____

How would you rate their potential, character, ability, and personality?

Signed: _____

Address: _____
