

# Health Care Career Scholarship Program

## REFERENCE FORM

Reference form must be received by 4:30 p.m. CT on Monday, May 18, 2020.

Please use this form for submitting your reference. References must not include family members. The completed application must be received by 4:30 p.m. CT on Monday, May 18, 2020.

### SECTION 1: TO BE COMPLETED BY APPLICANT

Scholarship applicant name (please print)

Signature of scholarship applicant

Applicant email address

### SECTION 2: TO BE COMPLETED BY REFERENCE

Printed name of reference

Title

Signature of reference

Organization name, address, city, state, zip

Work telephone number

E-mail address

#### Instructions for reference making the recommendation:

- Review Section 1 to ensure the applicant has provided the necessary information.
- Complete Section 2 remainder of the form.
- Place the completed recommendation in an envelope and either return the form to the applicant or return to the NHA depending on if applicant does or does not waive their right to access this letter of recommendation (see Section 1).
- Email or advise the applicant that you have sent in your reference directly to the NHA.

How well do you know the applicant?

- Very well     Fairly well     Minimally

How long have you known the applicant? \_\_\_\_\_ (days, months, years)

Identify the associations you have had with the applicant. Check all that apply.

- Instructor     Employer/Supervisor     Friend     Co-worker  
 Community Organization     Academic Advisor     Other \_\_\_\_\_

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On a separate sheet of paper, (typed) please describe your evaluation and recommendation of the applicant.

It is important that you complete this section. You may want to include your perceptions of the applicant's strengths and limitations.

My recommendation is:  Highly Recommend  Recommend  Do not recommend

Mail completed reference form and separate attachments to:

NHA Foundation  
ATTN: Scholarship Program  
3255 Salt Creek Circle, Ste 100  
Lincoln, NE 68504-4778

Form can also be sent to [bnoonan@nebraskahospitals.org](mailto:bnoonan@nebraskahospitals.org) with subject line: Scholarship

Please contact your applicant to advise them that you have sent your reference directly to the NHA.