

Health Care Career Scholarship Program

REFERENCE FORM

Application Deadline: Postmarked by 4:30 p.m., Friday, May 18, 2018

Please use this form for submitting your reference. Three (3) references are required, including at least one reference from your hospital administration or a direct supervisor. References should not include family members. The completed application should be postmarked by 4:30 p.m. on Friday, May 18, 2018.

SECTION 1: TO BE COMPLETED BY APPLICANT

The applicant must complete and sign the following statement before submitting this form to the reference. This request is in compliance with Federal Law P.L. 93-380 (Family Educator Rights and Privacy Act of 1974.)

- ☐ I waive my right to access this letter of recommendation. (Remind your reference to return this form to the NHA as soon as possible.)
☐ I do not waive my right to access this letter of recommendation. (Either yourself or your reference should return this form to the NHA.)

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

Reference forms must be postmarked by
4:30 p.m. on Friday, May 18, 2018.

Scholarship applicant name (please print)

Signature of scholarship applicant

Applicant email address

SECTION 2: TO BE COMPLETED BY REFERENCE

Printed name of reference

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 ☐ Unknown

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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Scholarship applicant name					
Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.					
Skill	Exceptional	Above Average	Average	Below Average	Not able to respond
Decision-making ability					
Organizational skills					
- Oral					
- Written					
Adaptability to stress					
Positive attitude					
Integrity					
Interpersonal sensitivity					
Leadership ability					
Ability to commit to:					
- Goals					
- Persons					
<p>In addition to the ratings, please give your evaluation of the applicant. <u>It is important that you complete this section.</u> You may want to include your perceptions of the applicant's strengths and limitations. Submit a separate sheet if the space provided below is insufficient.</p>					
<p>My recommendation is: <input type="checkbox"/> Highly Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Do not recommend</p>					