

# 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 \_\_\_\_\_