

Scholarship Reference Form



foundation@sehealth.org
573-519-4920



Scholarship Applicant's Name _____

This student has applied for a scholarship from SoutheastHEALTH and is requesting your assistance in providing a reference for them. You may not be a relative. Please complete this reference and return it online to foundation@sehealth.org on or before May 31st. All information will be held in strict confidence.

What is your relationship to the applicant?

- | | |
|-----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Current or Past Employer | <input type="checkbox"/> Volunteer Supervisor |
| <input type="checkbox"/> Current or Past Instructor | <input type="checkbox"/> Minister |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Other _____ |

When? From _____ **to** _____

Please rate the applicant in the following characteristics:

	Superior	Above Average	Average	Below Average	Don't Know
Compassion	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Diligence	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Judgment	_____	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____	_____
Career Potential	_____	_____	_____	_____	_____

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Application Deadline May 31

Comments

We would appreciate hearing any further comments you would like to provide.

- I recommend this individual with enthusiasm
- I recommend this individual
- I recommend this individual with reservation
- I do not recommend this individual

Name _____

Address _____ Phone _____

Employer _____ Title _____

*I certify that I have no familial ties to the applicant.
I have rendered a fair and impartial recommendation to the best of my ability.*

Signature _____

Date _____

Submission Instructions

Thank you for your help!

Please email completed form to foundation@sehealth.org on or before May 31st.

For questions, please contact SoutheastHEALTH Foundation at 573-519-4920

Application Deadline May 31