

Hunterdon Health Foundation Personal Reference Form for Scholarship Applicant

This personal reference form is for individuals who have been out of school for an extended period of time. Please complete the following information:

Date of reference:

The individual for whom I am providing a reference has applied for a Scholarship from Hunterdon Health Foundation's Educational Scholarship. As part of the application process, references to satisfy the Board as to the character, reputation, responsibility, integrity and competence of the applicant must be submitted by an employer or personal reference.

This form has been supplied to you by the applicant. Your candid appraisal of the applicant's character and/or professional competence is appreciated. Please mail this Professional Reference form to:

Hunterdon Health Foundation 9100 Wescott Drive - Suite 202 Flemington, NJ 08822 Attention: Scholarship Committee

ΑΒΟυτ ΥΟυ			
Your Name:			
Street Address:			
City:	State:	Zip:	
Email Address:			
Home Phone:			
ABOUT THE APPLICANT			
Applicant's name:			
Street Address:			
City:		Zip:	
Email Address:			
Home Phone:	Cell Phone:		
How do you know the applic How many years have you k	ant? Professionally Persor nown the applicant?	nally	

What has been your r Personal Empl Other:	•					
Please indicate your appraisal of the applicant in the following categories:						
	Excellent	Good	Poor	<u>Unknown</u>		
Honesty						
Integrity						
Ethics						
Do you know of any instances where the applicant was convicted Yes No of illegal conduct or professional misconduct?						
If yes, please provide a brief description:						

Please provide any additional information or comments about in the applicant in support of his or her application to assist the Scholarship Committee in its deliberations:

Printed Name:		
Signature:	 Date:	