



PHELPS HEALTH DIRECTOR REFERENCE FORM

SCHOLARSHIP APPLICANT INFORMATION:

First Name: _____ Last Name: _____

RECOMMENDATION:

Include examples of qualities the candidate possesses and reasons you feel this person should be considered for an Auxiliary and Volunteer Services Scholarship (e.g., dependable, hard worker, honest, able to work with others, punctual for appointments/assignments, etc.).

Has the applicant been on a disciplinary action plan in the last 90 days? Yes No

REFERENCE INFORMATION:

Your Name (please print): _____ Phone Number: _____

How many years has applicant been under your supervision?

- | | | |
|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 1 Year | <input type="checkbox"/> 5 Years |
| <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> 3 Years | <input type="checkbox"/> 5-Plus Years |

I verify the above information is accurate and recommend the named scholarship applicant for the Auxiliary and Volunteer Services 2020 Scholarship program.

Signature: _____ Date: _____

*Reference letters are accepted if the above information is included along with your original signature.
Thank you!*