



Reference Page

Name of Applicant

Thank you for taking the time to provide this reference for the Lillie Rose Nursing Scholarship

2. Please rate the candidate in the following areas based upon your knowledge of her achievements and strengths by placing an “x” in the appropriate box.

	Disagree	Agree	Not Sure
A. The applicant is motivated.			
B. The applicant has demonstrated a strong sense of responsibility.			
C. The applicant has demonstrated strength in character.			
D. The applicant has clear goals.			
E. The applicant would be an inspiration to others.			



3. Please tell us what you believe to be the candidate's particular strengths in his/her personal, educational, or professional life.
Be as specific as you can, and give examples of particular accomplishments



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4. What is your knowledge of the candidate's educational goals, and her progress toward achieving these goals? Consider any barriers or difficulties she/he has overcome

5. Is there any additional information we should know about this applicant in regard to this award program?

COMPLETED BY (Please email completed reference form directly to kdartez@familytreehealthcare.com
You may also copy the applicant for submission with her/his application

Name

Date

Title

Organization

Telephone

Email



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