**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: | Enter today’s date |

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

**About You**

|  |  |  |
| --- | --- | --- |
| Your Name: | Enter full name |  |

|  |  |
| --- | --- |
| Street Address: | Enter street address |
| City: | Enter City |  | State: | Enter State |  | Zip: | Enter Zip |

|  |  |
| --- | --- |
| Email Address: | Enter email address |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Phone: | Enter Home Phone |  | Cell Phone: | Enter Cell Phone |

**About the Applicant**

|  |  |
| --- | --- |
| Applicant’s name: | Enter full name |

|  |  |
| --- | --- |
| Street Address: | Enter street address |
| City: | Enter City |  | State: | Enter State |  | Zip: | Enter Zip |

|  |  |
| --- | --- |
| Email Address: | Enter email address |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Phone: | Enter Home Phone |  | Cell Phone: | Enter Cell Phone |

How do you know the applicant? [ ]  Professionally [ ]  Personally

|  |  |
| --- | --- |
| How many years have you known the applicant? | Provide years |

What has been your relationship with the applicant?

[ ]  Personal [ ]  Employer [ ]  Co-Worker [ ]  Supervisor

|  |  |
| --- | --- |
| [ ]  Other:  | Please list |

Please indicate your appraisal of the applicant in the following categories:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Poor | Unknown |
| Honesty | [ ]  | [ ]  | [ ]  | [ ]  |
| Integrity | [ ]  | [ ]  | [ ]  | [ ]  |
| Ethics | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct? | [ ]  Yes | [ ]  No |

If yes, please provide a brief description:

|  |
| --- |
| Please describe |

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:

|  |
| --- |
| Please provide any additional comments on the applicant |

|  |  |
| --- | --- |
| Printed Name: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |