



**Hunterdon Health**

Hunterdon Health Foundation

**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

**ABOUT YOU**

---

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ABOUT THE APPLICANT**

---

Applicant’s name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How do you know the applicant?  Professionally  Personally

How many years have you known the applicant? \_\_\_\_\_

What has been your relationship with the applicant?

Personal  Employer  Co-Worker  Supervisor

Other: \_\_\_\_\_

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

	<u>Excellent</u>	<u>Good</u>	<u>Poor</u>	<u>Unknown</u>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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: \_\_\_\_\_