



Alumnae Association of the Hartford Hospital School of Nursing

NURSING SCHOLARSHIP APPLICATION LETTER OF REFERENCE FORM

Faculty Non-faculty

To the applicant:

This reference form will be used for scholarship awarding purposes and only accessed by Scholarship Committee members on a strictly confidential basis.

I hereby voluntarily and irrevocably waive my right of access to the reference statements provided below. I understand that whether or not this section is signed, it will not prejudice my application for a scholarship.

Applicant's name (Print): _____

Applicant's signature: _____ **Date:** _____

**To the person
providing a
reference:**

The above named person has applied for a scholarship awarded annually by the Alumnae Association of the Hartford Hospital School of Nursing to an individual who is pursuing a career in professional nursing or in nursing education. The applicant asks that your evaluation be included as part of the information considered by the Scholarship Committee in awarding a scholarship.

1. How long have you know the applicant and in what capacity?

2. Personal and professional appraisal:

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3. Please add any additional comments:

4. Recommendation:

- Strongly recommend
- Recommend
- Recommend with reservations (please note above)
- Do not recommend

Signature: _____ **Date:** _____

Name: _____

Position: _____

Institution: _____

Address: _____

Telephone: _____ **Email:** _____