



## 2020 GCMH Foundation Health Care Career Scholarship Reference Form

**Printed Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature for Release of Information:** \_\_\_\_\_

Please include a letter with specific examples about why this applicant should receive a GCMH Foundation Health Care Career Scholarship.

**\*Please rate the applicant’s achievement and potential by entering an “X” in the appropriate spaces below\***

<b>Skill</b>	<b>Exceptional</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Not Able to Respond</b>
Communication Skills:      Written					
Oral					
Organizational Skill					
Adaptability to Stress					
Qualities of Leadership					
Interpersonal skills in working with peers, other disciplines, clients/families, faculty/staff					
Dependability/Attendance/Completion of assignments					
Positive Attitude					
Integrity					
Ability to plan					
Flexibility					
Professionalism					

My recommendation is:     Highly Recommend     Recommend     Do Not Recommend

**Printed Name of Person Making Recommendation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business and Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Telephone #:** \_\_\_\_\_

**Signature of Person Making Recommendation:** \_\_\_\_\_