Connecticut Nurses’ Foundation

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ctnursesfoundation.org

***Connecticut Nurses’ Foundation Scholarship Application Reference Form***

**This reference form will be used for purpose of awarding scholarships and**

**will be read only by the Scholarship Committee.**

**All information provided is strictly confidential.**

*We appreciate your prompt completion and return of this form via*

*Email to* **CNFPresident@ctnurses.org***no later than* ***April 15th***

 **Name of Scholarship Applicant:** **Click here to enter text.**

 **Scholarship being applied for**: Click here for Scholarships

*The above named person has applied for a scholarship from the Connecticut Nurses' Foundation. The award is based on scholastic ability, clinical experience and professional promise. The information included in this reference will be used to evaluate their qualifications for the scholarship being applied for.*

1. Your Information

Name: **Click here to enter text.**

Current position, organization and qualifications: Click here to enter text.

Email address: Click here to enter text.

1. Relationship and experience with applicant

Institution or Organization: Click here to enter text.

Duration of experience with applicant: Click here to enter text.

Specific tasks, duties, responsibilities and experience with applicant:

Click here to enter text.

1. Any other information you believe if relevant in consideration for scholarship award.
2. Is this applicant accepted into a nursing program? [ ]  YES [ ]  NO

**Electronic Signature:** Click here to enter text. **Date:** Click here to enter a date.