WELLSTAR COBB HOSPITAL COVS SCHOLARSHIP

2024 Reference Form

Applicant Name:

How long have you known this person and in what capacity?

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What characteristics does this applicant possess that will make a successful

Healthcare professional?

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What are the applicant’s major strengths?

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Please complete the following with a rating of excellent, good or satisfactory:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory |
| Judgement |  |  |  |
| Character |  |  |  |
| Reliability |  |  |  |
| Leadership |  |  |  |
| Ability to work  with others |  |  |  |

What other information regarding this applicant can you provide that will

help us in our selection process?

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Print Name of Reference

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Signature of Reference Date

***All information provided is kept CONFIDENTIAL***

Please return this form to us at [Perilynn@bellsouth.net](mailto:Perilynn@bellsouth.net) no later than May 10, 2024.