

## HEALTHCARE CAREER SCHOLARSHIP APPLICANT

Email form to your reference or print this form and give to your reference.  
Reference - Please email completed reference form to [LUHFoundation@centura.org](mailto:LUHFoundation@centura.org)  
or mail references to LUH Foundation at 1950 Mountain View Ave., Longmont, CO 80501

### Personal Reference Form (use the back of this page for additional space)

Scholarship Applicant's Name \_\_\_\_\_

Please tell us what makes this candidate outstanding and especially promising among applicants who may appear to be equally well qualified. If, for any reason, you have reservations about the candidates' potential for success in school, please explain. Your comments will remain strictly confidential, and if you wish you may mail them directly to the Foundation office or e-mail them to [luhfoundation@centura.org](mailto:luhfoundation@centura.org). Feel free to use the back side of this page for additions space. You may use your own letterhead if you prefer. This form must be received by the Foundation office no later than 5 p.m. on Friday, September 21, 2018 in order for this application to be processed. Thank you for your cooperation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print clearly) \_\_\_\_\_

Occupation, Position or Title \_\_\_\_\_ Institution or Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_