

## Florida Nurses Foundation Scholarship Application Professional Reference Form

### Section 1 (Completed by Applicant)

Please enter the last four digits of your SSN in the box at the top of this form.

These educational funds are sought to assist in completing a program of study towards a \_\_\_\_\_ degree in nursing at \_\_\_\_\_ College/University.

### Section 2 (Completed by Reference)

Please provide a reference addressing academic aptitude, scholarship, seriousness of purpose, clinical expertise, and potential for success in the field of nursing. FNF scholarships are competitive and awarded based on scholarship, financial need, and the potential for contribution to the profession and society. Please write your comments in the space provided on this form or attach a letter that includes the requested information. Return the reference to the applicant who will submit it with the application.

Please Note: This is a blind review process. Please do NOT include the applicant's name on this form or any additional letter. The applicant is responsible for submitting two reference forms to complete the application packet no later than June 1<sup>st</sup> of the current application year. It is also the applicant's responsibility to include his/her last four digits of his/her SSN at the top of this page for identification purposes.

Name (please print): \_\_\_\_\_

Position/Organization: \_\_\_\_\_

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

\_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

In what capacity? \_\_\_\_\_

By signing this document you are agreeing that all information you have provided in this form regarding the applicant and your relationship to the applicant are accurate to the best of your knowledge.

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

**Section 3 (Completed by Reference)** - You may use the space below to complete your comments regarding the applicant or attach a letter with the requested information.