



**Reference Form**

**Instructions:** Please complete this form, sign it and send the original and 2 copies to:

Pam Jenkins, MS, NP  
NPHF Scholarship & Awards  
14315 Mountain Quail Road  
Salinas, CA 93908  
pamjw@nphealthcarefoundation.org

Reference forms may be sent separately by the reference or mailed along with the full application.  
This form may be handwritten if necessary.

Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_

Please rate the applicant on each of the characteristics listed below.

- Scale: 1 = not a strength
- 2 = a growing skill for this applicant
- 3 = a strong characteristic
- 4 = a very strong characteristic

Professional Knowledge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Initiative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Creativity & Innovation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Interpersonal Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Teaching Others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

In a brief statement please describe your understanding of the applicant’s commitment and abilities in managing the care of gastroenterology patients. (200 words or less).

Applicant Name: \_\_\_\_\_