

134 Homer Avenue • P.O. Box 2010 • Cortland, NY 13045 607-756-3757 • www.Guthrie.org

## REQUEST FOR PROFESSIONAL REFERENCE

Tuition Assistance/in School Tuition Buy-Back Grant – Post Graduation

Name of Applicant:

Reference Deadline: Postage Date no later than June 7th (Applications are due June 1st.

References need to be returned directly to:

Cortland Memorial Foundation, 134 Homer Avenue, Cortland, New York 13045 or cortland.foundation@guthrie.org

The Cortland Memorial Foundation Scholarship Committee is accepting applications for Tuition Assistance/in School and the Tuition Buy-Back Programs. These programs are designed to financially assist needy students pursing health-related careers who are currently enrolled in or have completed an accredited program.

This applicant has indicated either a past or present association with your and/or your organization. Your cooperation is requested in providing a professional evaluation of the performance of this candidate while in your employ.

All information will be held in strictest confidence.

Thank you, Cortland Memorial Foundation

Position Held:

|    |  | Excellent | Good | Average | Poor |
|----|--|-----------|------|---------|------|
|    |  |           |      |         |      |
| 1. | Quality of work  |           |      |         |      |
|    |  |           |      |         |      |
| 2. | Initiative and judgement                                 |           |      |         |      |
|    |  |           |      |         |      |
| 3. | Cooperation/flexibility to meet changing work conditions |           |      |         |      |
|    |  |           |      |         |      |
| 4. | Dependability, attendance and punctuality                |           |      |         |      |
| _  |  |           |      |         |      |
| 5. | Motivation for self-improvement                          |           |      |         |      |
|    | - 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1                  |           |      |         |      |
| 6. | Technical knowledge/clinical capabilities                |           |      |         |      |
| _  | Ability to work with others                              |           |      |         |      |
| 7. | Ability to work with others                              |           |      |         |      |

ADDITIONAL COMMENTS:

| Signature: _ |  |
|--------------|--|
| Title:       |  |