

## Lindsay District Hospital Guild Personal Reference Form

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

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

The individual named above has applied for a scholarship from the Lindsay District Hospital Guild. Would you please fill out as much of the information below as possible. The applicant has already submitted an application form listing activities and grade specifics, so it is not necessary for you to detail that information.

Thank you for your help!

Please check the category in which you are writing this reference:

- ☐ Instructor
- ☐ Employer/Non-School Related Person
- ☐ Personal Friend/Acquaintance

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

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

How long: \_\_\_\_\_

Character Reference: \_\_\_\_\_

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Financial Need: \_\_\_\_\_

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