

Graduate Non-Nursing Scholarship Reference

NOTE: THIS IS NOT A REFERENCE FORM

Thank you for agreeing to provide a reference to assist the applicant in obtaining a scholarship.
Note: This reference should be completed by faculty, course or clinical instructors only.

You will be required to provide the following information for your reference.

A. Applicant Information

- Applicant's name, CRNNL Registration Number and e-mail (to be provided by the applicant)
 - CRNNL Registration Number and e-mail are mandatory fields; you cannot submit the reference form without this information
- How you know the applicant
- How long you have known the applicant

B. Personal Information

- Your contact information (name, employment position, employer, phone number, and E-mail)

C. Applicant Ranking

- Indicate on a Likert scale the applicant's:
 - academic ability
 - communication (verbal and/or written)
 - motivation and initiative (e.g., participation in class/discussion)
 - actual/potential contribution to nursing
 - commitment to nursing

D. Reference Statement

- A brief statement about the applicant's strengths and potential for making a significant contribution to the nursing profession (maximum of **500** words)

Updated: January 2020