



# Nurse Practitioner Healthcare Foundation

*Improving Health Status and Quality of Care through Nurse Practitioner Innovations*

## Reference Form

**Instructions:** Please complete this form, sign it and send the original and 4 copies to:

NPHF, Scholarships & Awards  
2647 134th Ave. NE  
Bellevue, WA 98005-1813

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

Name of Scholarship or Award: \_\_\_\_\_

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 = 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 any other qualities of note about the applicant. (200 words or less).

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