



Dear Volunteer Manager,

_____ (Name) has applied for the Fort HealthCare Partners Woody Finn Memorial Scholarship award. One of the eligibility requirements is that the applicant must have performed a minimum of 50 hours of volunteer service in a recent 12-month period.

Please complete the following information:

ORGANIZATION NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME AND TITLE OF PERSON FILLING OUT THIS FORM:

OF VOLUNTEER HOURS THE APPLICANT COMPLETED _____

FROM _____ (M/D/Y) TO _____ (M/D/Y)

DEPENDABILITY: Excellent _____ Good _____ Fair _____ Poor _____

WOULD YOU RECOMMEND THIS APPLICANT FOR THIS SCHOLARSHIP AWARD?

YES _____ NO _____

BRIEFLY DESCRIBE WHY OR WHY NOT:

SIGNATURE: _____ DATE: _____

**Please return this form directly to the student so they can include it with their application.
(Note that applications must be postmarked by March 1 to be considered.)**