

Scholarship Referral



Managers, please complete for applicants within your department.

1. Please provide information on the impact of the applicant's area of study to patient care or education within RUH.

2. Is there a determined need or a shortage of staff with this specialty training within your Department and RUH? Provide information on the potential long-term impact of this educational opportunity to RUH.

Yes

No

3. Will the applicant return to RUH and to your department upon course completion?

Yes

No

Please provide additional pertinent information:

4. **Letter of Reference:** Please provide a referral with information on why the applicant would be a good fit for the scholarships applied for as well as their professional strengths.

Manager Printed Name:

Date:

Signature:

Department: