



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 April 1 to be considered.)**