



Volunteer Scholarship Application Reference Form

All completed references are due to the Volunteer Office by Monday, April 3, 2024.

Thank you for taking the time to complete this reference form. LeConte Medical Center will treat the information provided with the strictest confidence. If you have any questions regarding the information requested please contact the Volunteer Services office at 865.446.8406.

Name	Company/Organization
Phone Number	Email address
For whom are you completing this reference?	
Do you recommend the applicant as a dependable, responsible person who would be deemed qualified to receive a scholarship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide comments to support your response in the space below.	
Do you have any concerns about this applicant receiving a scholarship from LeConte Medical Center to pursue or further their career in healthcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide comments to support your response in the space below.	
How long have you known the applicant?	Do you know the applicant personally or professionally?
Briefly explain the nature of your relationship to the applicant.	
Please provide any additional comments you think are appropriate in recommending this individual for this scholarship.	

Completed references can be mailed to: Volunteer Services, 742 Middle Creek Road, Sevierville, TN 37862, dropped off to the Volunteer Services office at LeConte Medical Center, or emailed to jforman@covhlth.com. All completed references are due to the Volunteer Office by Monday, April 3, 2024.