

****DO NOT MAIL – RETURN TO EMPLOYEE****

COMMUNITY RECOMMENDATION FORM

**CAPE FEAR VALLEY HOSPITAL AUXILIARY
HEALTH CARE CAREER EMPLOYEE SCHOLARSHIP**

Employee's Name: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

(The above information is to be completed by the employee)

On a separate sheet of paper, please type your comments on how the employee exemplifies the following qualities. Your total comments should not exceed 300 words.

**DEPENDABILITY – INITIATIVE – INTEGRITY – ADAPTABILITY –
LEADERSHIP – AND CONCERN FOR OTHERS**

Also, please include any additional comments about why the employee should be selected for the Scholarship.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

City

State

Zip Code

Phone Number: _____ Cell Number: _____

**THIS LETTER MUST BE SUBMITTED TO THE EMPLOYEE IN A SEALED
ENVELOPE WITH YOUR SIGNATURE WRITTEN ACROSS THE SEAL.**