

McLean Auxiliary
75 Great Pond Road
Simsbury, CT 06070
860-658-3710
mclean.auxiliary@mcleancare.org



Merit Scholarship Application Reference

Applicant: Please provide two references from non-relatives. Please submit a form for each reference.

Applicant's Name _____

As an applicant for the McLean Auxiliary Merit Scholarship, I am requesting that you provide a reference. Please complete and return this form **no later than April 1, 2025** to:

Karyn Lushinks
Vice President of Human Resources
75 Great Pond Road
Simsbury, CT 06070
karyn.lushinks@mcleancare.org

Signed (applicant) _____ Date _____

To be completed by a non-relative reference. Additional pages may be included, if necessary.

How long have you known the applicant?
In what capacity do you know the applicant?
What leads you to believe this applicant would be successful in the health care field?

What personal, professional or character qualities does the applicant possess that lead you to believe the applicant should be selected for this scholarship?

Please include any other pertinent information that would support your recommendation of this applicant.

Signed (reference)		Date
Printed Name		
Business Name (if applicable)	Position	
Address		
City	State	Zip
Phone Number	Fax Number	