



## Child Life Internship Scholarship Reference Form

Applicant Name: \_\_\_\_\_

*This individual has applied for the Great Lakes Association of Child Life Professionals Internship Scholarship. The scholarship would provide this individual with monetary funds to assist them during their time at their internship. We appreciate your time in filling this form out.*

Reference Name: \_\_\_\_\_

Reference Organization: \_\_\_\_\_

Reference Phone: \_\_\_\_\_ Reference E-mail: \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

In what capacity have you worked with the candidate? \_\_\_\_\_

*Please tell us how you would rate the candidate in the following areas.*

	Poor (1)	Below Average (2)	Average (3)	Above Average (4)	Outstanding (5)	N/A
Work ethic						
Dependability						
Maturity						
Attitude						
Professionalism						
Motivation						
Respect for others						
Collaborates with team						
Ability to be a self-starter						
Accepts supervision/feedback						
Easily establishes rapport with patients						
Knowledge of child development						
Communication with adults						
Communication with children						
Written communication						

Do you recommend this candidate for a child life internship scholarship?

- Yes**, I recommend the candidate for the scholarship
- No**, I do not recommend the candidate for the scholarship

If you stated “no” for the previous question, please indicate the reason(s):

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Why do you feel this applicant would make a good recipient of the GLACLP Internship Scholarship?

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Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this form to: [childlife.glaclp@gmail.com](mailto:childlife.glaclp@gmail.com) **AND** [Bridgette.Stone@cchmc.org](mailto:Bridgette.Stone@cchmc.org)  
by **November 11, 2019, at 3pm.**

For any questions, please contact Bridgette Danielson at 269-262-2468 OR  
[Bridgette.Stone@cchmc.org](mailto:Bridgette.Stone@cchmc.org).