



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):

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

Reference Signature: _____ Date: _____

Please email this form to: committees.glaclp@gmail.com with subject “Internship Scholarship Reference Form” by **NOVEMBER 12th, 2021 by 11:59pm EST**.

For any questions, please contact the Education Committee at
committees.glaclp@gmail.com.