KSB HOSPITAL
KATHERINE SHAW BETHEA HOSPITAL

SCHOLARSHIP RECOMMENDATION FORM

_____ has applied for a KSB Scholarship and listed you as a reference. (This information will be treated in a confidential manner and will not be provided to the applicant named above).

1. How do you know the above named applicant? _____

   _____

   _____

   If as an employee, position held? _____

2. How long have you known this applicant? From: _____
   To: _____

3. Would you recommend this applicant for this scholarship? _____ YES _____ NO

   If no, why? _____

Please write a short paragraph describing why you feel this applicant would be deserving of this scholarship.

_____

_____

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_____

Information provided by: _____
Name/Title

Date: _____

****References for KSB Scholarships (Adult and High School) are due annually on 3/15/2020.****

. Please complete and return form to Marjie Lundquist at KSB Hospital, 403 E. First Street, Dixon, IL 61021 or Fax (815) 285-5859.