

**RECOMMENDATION FORM**  
**for The Community General Hospital Foundation**  
**June A. Roedel Healthcare Scholarship Fund**  
**of Berks County Community Foundation**

To be completed by a teacher, school official, employer, co-worker, advisor, community leader or other person who knows the applicant well and can provide information about the applicant's dedication to past experiences. *Note: You may type or print legibly on this form or you may type and submit your own typed document, but it must address the following information:*

Applicant's Name \_\_\_\_\_

Please explain the major qualities or accomplishments the applicant has demonstrated in the following areas. If you are not familiar with the applicant in a particular area, you may skip that attribute or you may substitute another quality that will help us to learn more about the applicant.

Character:

Leadership:

Academic:

Work Ethic:

Other comments regarding the applicant:

Print name of person completing recommendation form \_\_\_\_\_

Relationship of person completing recommendation form to applicant \_\_\_\_\_

Signature of person completing recommendation form \_\_\_\_\_

Date Completed \_\_\_\_\_

Return this form or a similar recommendation letter postmarked no later than April 1 to:

CGH June Roedel Healthcare Scholarship  
Berks County Community Foundation  
P.O. Box 212  
Reading, PA 19603-0212