

**Dr. Brian T. Hurley Education  
Endowment Letter of Reference**

Date of Application: \_\_\_\_\_

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

Applicant Department: \_\_\_\_\_

**\_\_\_\_\_**  
Your Name: \_\_\_\_\_

Your Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please rate the applicant using the following scale:**

**4=Excellent 3=Average 2=Fair 1=Poor**

1. Commitment to professional excellence	4	3	2	1
2. Involvement with unit or hospital-based committees or projects	4	3	2	1
3. Ability to follow through on projects	4	3	2	1

**Comments:**

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**Is there any reason this applicant should not be considered for this award?**

No  Yes, Explain: \_\_\_\_\_

\_\_\_\_\_

Signature

Date