



## 2010 - 2011 NPHF / Astellas Promoting Heart Health Across the Age Span Award Program

### Reference Form

**Instructions:** Please complete this form, sign it and send the original and 3 copies to:

NPHF, Award Selection Committee  
2647 134th Ave. NE  
Bellevue, WA 98005-1813

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

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_

Please rate the applicant on each of the characteristics listed below.

Scale: 1 = not a strength  
2 = a growing skill for this applicant  
3 = a strong characteristic  
4 = very strong characteristic

Professional Knowledge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Initiative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Creativity & Innovation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Interpersonal Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Teaching Others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

In a brief statement please describe the applicant's ability to execute the project as well as any other qualities or experience that would have an impact on the applicant's abilities regarding the project, such as leadership. (200 words or less).

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