

Sea Mar Dedicated Employees Scholarship

Supervisor Support Sheet for Scholarship

Date: ____/___/

Applicant Information	
Name:	Job Title:
Clinic Location & Dept:	
Supervisor Information	
Name:	Job Title:
Known applicant from	_ to
Describe the applicant in three words:	
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Please describe why you believe the applicant should be selected for this scholarship (150-250 words):	

Supervisor Signature: