**PO Box 918**

**Goshen, IN 46527-0918**

**Phone: 1-888-406-3643**

**Email: info@mennohealth.org**

**Web: www.mennohealth.org**

**STUDENT ELECTIVE TERM (SET)
Request for Reference**

Click here to enter text., a student at Click here to enter text., has submitted an application for an educational grant for a short-term, cross-cultural learning and service experience supported by Mennonite Healthcare Fellowship. Your name has been given as a reference. This student is being considered for placement at an approved medical program or facility in a cross-cultural setting.

We hope to offer this learning experience on a continuing basis, and to thus encourage an appreciation of Christian healthcare missions and cross-cultural service as a live vocational option on the part of healthcare professionals in our Anabaptist church group. We would like to have your evaluation of this student’s ability and motivation in making use of this opportunity.

Use this space to respond using additional pages, if necessary.

Click here to enter text.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter text.

Print name: Click here to enter text.Position Click here to enter text.

Address, telephone number and/or E-mail address: Click here to enter text.