



Medical Reference Form

References must have a professional relationship with the applicant. We are unable to accept references from friends, family, Board members or employees of the organization. Referees are welcome to answer questions 3 – 6 on a separate piece of paper or attach further comments on additional paper.

Name of Organization Applying for Grant _____

Name of Referee _____

Address _____

City _____ Country _____ Postal Code / Zip Code _____

Email _____ Phone (with country code) _____

Website (if applicable) _____

1. How long have you known the organization? _____

2. Describe your relationship to the organization: _____

3. Why would you recommend the organization for this grant? _____

4. How has the applicant improved the health of the community within the last several years? Is the community healthier because of this organization?

5. Please evaluate, in your opinion, the level of medical experience and expertise of the organization and competence of the medical staff in the appropriate use of pharmaceuticals for the benefit of the sick:

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6. Please comment on the organization's accountability and security of the storage of their medications.

Signature _____ Date _____

Please complete and return with all supporting documents via

Email: blessthenations@blessing.org

Fax: Attn: Bless the Nations 918.250.1281

- OR -

Mail: Blessings International

Attn: Bless the Nations

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