



COLLEAGUE RECOMMENDATION

Please provide a one-page statement about the applicant's leadership capabilities and potential, and their promise as an individual to favorably impact Massachusetts' health care system serving low-income and vulnerable consumers. In your recommendation, please explain:

- How long and in what capacity you have known the applicant
- Why you believe the applicant is well-suited to become a participant in MICHLE
- What you believe is the applicant's potential for taking on greater leadership roles in the Massachusetts health care system serving the needs of low-income and vulnerable people.

Please attach this page as a cover sheet to your recommendation and limit your recommendation to one typed page. Thank you.

Signature: _____ Date: _____

Print Name/Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please give the original completed and signed form and Recommendation Letter to the applicant to include with their complete application package. Their application will not be considered complete without this form and Recommendation Letter.

Submission of the application materials are due to the Blue Cross Blue Shield of Massachusetts Foundation **by 5:00 p.m. on Wednesday, August 15, 2018.** You and the applicant should plan accordingly.