



SUPERVISOR'S RECOMMENDATION:

Please provide a one-page statement about the applicant's leadership capabilities, potential, and promise as an individual to favorably impact Massachusetts' health care systems serving low-income and vulnerable people.

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 MICHL
- 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
- What you believe is the applicant's readiness for addressing issues of health and racial inequities in health

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: _____

Email: _____

Please give the original completed and signed form and your 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 **August 1, 2023 at 4 pm**. You and the applicant should plan accordingly.