



**DEMONSTRATED SUPERVISOR SUPPORT FORM – CINDY FIFE SCHOLARSHIP NOMINEES**

I confirm that I understand and support \_\_\_\_\_'s nomination for the Cindy Fife Scholarship Award, including the time commitment and travel expense reimbursement required to NAHCR Annual Conference.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to:**

NAHCR Headquarters  
222 S. Westmonte Dr., Ste. 111  
Altamonte Springs, FL 32714  
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E-mail: [info@nahcr.com](mailto:info@nahcr.com)