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

[Applicant Full Name] is currently employed by [Organization Name] and serves in the role of [position]. He/She reports directly to me in the [Department Name] department. I have reviewed the qualifications below needed to participate in the Davidson Fellowship for Entrepreneurs in Digital Health at the Henry Ford Innovation Institute, and verify that, if selected, we are committed to supporting him/her in the 2019/2020 Fellowship Program. I understand that time will be required away from work to successfully participate in the Fellowship. I endorse and support this application.

Sincerely,

[Supervisor Name]

[Supervisor Title]

[Organization Name]

[Supervisor Contact Info]

**Qualifications/Requirements**

All applicants should posses the following:

* Bachelor’s Degree
* At least 3 years of professional experience or graduate-level work
* Currently employed with exemplary performance evaluations (HFHS employees need a 3.5 or better on the HFHS Performance Evaluation, or explanation if evaluation can’t be provided)
* A passion or interest in Digital Health
* Support from their immediate supervisor
* Willingness and ability to commit to a 9 month (12hrs/month) program