Administrative Fellowship for Clinical Support Services
In Partnership with the
Institute for Diversity in Health Management
FELLOWSHIP OVERVIEW

Traditionally, healthcare was defined exclusively as a clinical outcome, and a healthcare environment was seen as little more than a facility’s physical space. Today, healthcare is recognized as an all-encompassing experience that takes place within a healing, comforting atmosphere and is supported by a diverse network of people who influence everything from patient care to employee satisfaction.

Clinical support services such as food, facility, and clinical technology services, once thought to be secondary to the overall delivery of care, have proven to be absolutely essential to the successful patient care experience.

The ARAMARK Healthcare Administrative Fellowship for Clinical Support Services is a year-long administrative fellowship focusing on the vital connection between the delivery of care and the environment where it is delivered.

For the 2010 academic year, ARAMARK Healthcare will offer 6 fellowship positions; two with Baylor University Health System and four with our partner hospitals across the United States.

In partnership with the Institute for Diversity in Health Management and ARAMARK Healthcare partner hospitals, this one-year administrative fellowship will offer experience in hospital administration and in-depth exposure to ARAMARK Healthcare’s national perspective on clinical support services.

Fellows will be selected based on academic excellence, leadership qualities, commitment to community service, and dedication to a career in healthcare administration.

“The ARAMARK Healthcare Administrative Fellowship for Clinical Support Services is grounded in the belief that experience in the field, mentoring by experienced leaders, and an understanding of the importance of diversity issues provides a unique benefit to a post-graduate student planning a career in healthcare administration. We are confident that these same emerging leaders will go on to make significant contributions as they advance in their careers.”

—John Babiarz
Group President
ARAMARK Healthcare
FELLOWSHIP GOALS

The ARAMARK Healthcare Administrative Fellowship for Clinical Support Services is designed to support emerging healthcare leaders by enabling fellows to:

- Augment classroom learning with hands-on experience and additional educational opportunities.
- Test the validity of classroom studies through application and as they develop their own professional point of view.
- Develop operational skills and gain professional experience by carrying out concrete responsibilities in the host organization.
- Clarify career goals and identify specific skills and knowledge that will help them to reach their goals.
- Gain an understanding of issues and stakeholders in the healthcare industry.
- Develop marketable skills and experiences that are recognized, valued, and respected by potential employers.
- Make a significant service contribution to the host hospital.
- Promote diversity and cultural competency as they advance in their careers.

FELLOWSHIP STRUCTURE

The following key contacts will support the fellow during the development, implementation, and evaluation of the fellowship:

- **Partner Hospital Preceptor**
  A member of the executive team in the hospital location where the fellowship is conducted will provide the primary support to the fellow and will serve as a guide for orientation, observation, and evaluation of the fellow.

- **ARAMARK Healthcare Leadership**
  An ARAMARK Healthcare vice president with oversight for operations at the partner hospital will provide guidance during the fellowship and ensure that a value is provided to the client and fellow.

- **Institute for Diversity in Health Management**
  Fellows will have access to senior leaders and existing Institute for Diversity in Health Management programs.

- **Faculty Advisor**
  If the fellow is presently enrolled in a graduate program and is seeking academic credit for the fellowship, the fellow’s faculty advisor will be welcomed as an advisor to the fellowship.

A fellowship with ARAMARK Healthcare provides opportunities to learn from other businesses. Here, the 2009 fellowship class toured Philadelphia’s Citizen Bank Park to understand what makes an exceptional customer experience.
FELLOWSHIP COMPONENTS

Individual Fellowship Plan
The fellow, host hospital preceptor, and ARAMARK Healthcare representatives will create an Individual Fellowship Plan to include specific organizational tasks and projects, readings, and other relevant assignments to support the fellow’s professional development. This plan is designed to provide sufficient structure, content, and methods of learning linked to the targeted knowledge and skills.

Departmental Meeting Rotations
Fellows will rotate among ARAMARK Healthcare departments within the partner hospital and are expected to meet a variety of department heads to learn the inner workings of the hospital. In addition, fellows will be exposed to a variety of committee meetings at the host hospital such as Board meetings, Executive Committee meetings, Medical Staff Committee meetings, and departmental meetings.

Governance and Policy Formulations
The fellowship will include substantial exposure to the organization governance. Resource allocation, operating dynamics, and policy making will be explored extensively.

Corporate Management
Fellows will participate in quarterly meetings to include peer fellows and ARAMARK Healthcare executives. These meetings will review the fellowship experience and provide exposure to corporate management.

Diversity Training
Diversity training will be provided through ARAMARK Healthcare with support from the Institute for Diversity in Health Management.

Capstone Project
Each fellow is expected to complete one major project that has implications to improve the measurement, assurance, or enhancement of quality within one or more of ARAMARK Healthcare food, facility, and clinical technology services and the host hospital.

The fellow will share the results of this project work when meeting with peers and with colleagues.

Each fellow’s capstone project will be designed with the expectation that upon completion the results could be published in a professional journal or highlighted in a poster presentation such as the Innovations Poster Session at American College of Healthcare Executives’ annual Congress on Healthcare Leadership.
PROGRAM COMPENSATION

The ARAMARK Healthcare Administrative Fellowship for Clinical Support Services will have a compensation package that is competitive with other administrative fellowship programs. Fellows will receive benefits that are comparable to those of ARAMARK Healthcare employees.

LOCATION

Two fellows will be placed at Baylor Health Care System, Dallas, TX. Other fellowship sites have not been finalized as of the date of this printing. ARAMARK is committed to placing fellows at some of the leading hospitals and health systems in the country. For example, for the 2008-2009 academic year, ARAMARK placed fellows at Children’s Hospital of Philadelphia, PA, North Shore University Health System in Evanston, IL, Henry Ford Health System in Detroit, MI, and The Methodist Hospital System in Houston, TX.

ELIGIBILITY REQUIREMENTS

Candidates for the ARAMARK Healthcare Administrative Fellowship for Clinical Support Services must meet the following minimum characteristics:

• A graduate or in final year of academic coursework for a master’s degree, with a B average (3.0 or higher on a 4-point scale) in one of the following disciplines:
  – MBA with a concentration in healthcare administration
  – Master’s in healthcare administration
  – Master’s in health services administration
  – Master’s of public health

SELECTION PROCESS

Fellowship candidates will be evaluated against the following criteria:

• Ability to contribute to the activities of ARAMARK Healthcare and the field of health services administration.
• Proven academic excellence
• Demonstrated written and oral communication skills
• Organizational ability
• Commitment to community services

2009 Fellow, Renuka Sundaresan, reviewing hospital plans with the VP of Patient Access and Revenue Cycle at CHOP.
IMPORTANT DATES FOR THE 2010 ARAMARK ADMINISTRATIVE FELLOWSHIP

• Application Period Opens September 1, 2009
• Application Deadline October 16, 2009
• Interviews November 16 to November 25, 2009
• Selections announced no later than January 29, 2010
• Fellowship Start Date July 2010
• Fellowship concludes June 2011

APPLICATION PROCESS

To be considered for the ARAMARK Healthcare Administrative Fellowship, applicants must submit the following materials.

• Official graduate school transcript
• Current résumé
• Two letters of recommendation
  – One letter from a recent graduate program professor
  – One letter from a recent professional contact
• Submit a typed response to both essay questions.
  – Essay 1: Statement of goals and objectives addressing (250-words maximum)
    • Why did you choose healthcare management as your career?
    • What makes ARAMARK Healthcare the ideal place for you?
    • What makes you an ideal candidate for the ARAMARK Healthcare Administrative Fellowship for Clinical Support Services?
  – Essay 2: Description of how you would foster diversity in the workforce (250-words maximum)

Visit the Careers section of the ARAMARK Healthcare website (www.aramarkhealthcare.com) to submit your application form online. Applicants are required to submit an online application form, but are welcome to submit all supporting materials in hard copy.

Applications and all supporting documents must be submitted between September 1 and October 16, 2009. Incomplete applications or those postmarked after the October 16 deadline will not be accepted. Supporting documents should be submitted to:

ARAMARK Healthcare
ATTN: Administrative Fellowship Application
Human Resources
1101 Market Street
19th Floor
Philadelphia, Pennsylvania 19107
APPLICATION COMPONENTS
As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, ARAMARK does not discriminate against applicants or employees because of their age, race, color, sexual orientation, religion, national origin, gender (except where gender is a bonafide occupational qualification) or on any other basis prohibited by law. Furthermore, ARAMARK will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by ARAMARK for the job.

**APPLICATION FOR EMPLOYMENT**

As a private employer, ARAMARK can request information on your criminal record. However, disclosing your criminal record will not automatically disqualify you from employment. Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness, in relation to the position for which you are applying.

### PLEASE TYPE OR PRINT CLEARLY

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<thead>
<tr>
<th>Name (Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Social Security Number</th>
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<tr>
<th>Current Address</th>
<th>(Street)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip Code)</th>
<th>Phone Number</th>
<th>Area Code</th>
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<th>Resident Address</th>
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<th>(Zip Code)</th>
<th>Phone Number</th>
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**DATE**

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**ARE YOU 18 YEARS OR OLDER?**

- [ ] Yes
- [ ] No

If not, state your date of birth: ____________________________

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**TYPE OF POSITION DESIRED**

**Position Applied For:**

- [ ] Full Time
- [ ] Part Time
- [ ] Summer
- [ ] Temporary
- [ ] Other

**SALARY EXPECTED**

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**WILL YOU RELOCATE?**

- [ ] Yes
- [ ] No

TO WHAT AREA?

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**WILL YOU TRAVEL?**

- [ ] Yes
- [ ] No

---

**DATE AVAILABLE TO WORK WITH ARAMARK**

---

**HAVE YOU EVER WORKED FOR ARAMARK?**

- [ ] Yes
- [ ] No

**IF YES, WHEN AND WHERE?**

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**HAVE YOU EVER APPLIED TO ARAMARK?**

- [ ] Yes
- [ ] No

**IF YES, WHEN AND WHERE?**

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To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire, or upon your first work day if your employment period will be less than (3) days.

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**HOW WERE YOU REFERRED TO ARAMARK?**

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**IF OFFERED EMPLOYMENT, ARE YOU WILLING TO TAKE A PHYSICAL EXAM AT OUR EXPENSE IF THE NATURE OF THE JOB REQUIRES ONE?**

- [ ] Yes
- [ ] No

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**GENERAL BACKGROUND INFORMATION**

### CRIMINAL HISTORY

**SECTION I** (California Applicants go directly to Section II)

Have you ever been convicted, pled guilty, "no contest", or admitted guilt (including participation in a first time offender program) to any misdemeanor or felony crime?

- [ ] Yes
- [ ] No

If yes, explain:

- (WHERE)
- (WHEN)
- (CHARGED)
- (SENTENCE)

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If yes, are you currently on parole or probation?

- [ ] Yes
- [ ] No

**SECTION II** (For California Applicants Only)

Have you ever been convicted of any felony or misdemeanor crime OTHER THAN (1) a marijuana related conviction that occurred more than two years ago; or (2) an offense for which you were referred to and participated in, a pretrial or posttrial diversion program?

- [ ] Yes
- [ ] No

If yes: Please state the date of conviction, the county and state, and the nature of the offense:

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(Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness, in relation to the job for which you are applying.)

You're in a great company.
<table>
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<tr>
<th>Name and Address of School</th>
<th>Dates Attended</th>
<th>Graduated</th>
<th>Type of degree / diploma received or expected</th>
<th>Major / Minor Fields of Study</th>
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<td>From Mo./Yr.</td>
<td>To Mo./Yr.</td>
<td>YES</td>
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<td>High School</td>
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<td>Colleges / Universities</td>
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<td>Graduate School</td>
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<td>Other (Business, Technical, Secretarial, Etc.)</td>
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LIST ANY CLUBS, ORGANIZATIONS, SOCIETIES, OR PROFESSIONAL GROUPS TO WHICH YOU BELONG WHICH HAVE A DIRECT BEARING UPON YOUR QUALIFICATIONS FOR THE JOB WHICH YOU ARE SEEKING (INDICATE AMERICAN DIETETIC ASSOCIATION REGISTRATION NUMBER IF APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING.)

LIST ANY HOBBIES OR INTERESTS WHICH HAVE A DIRECT BEARING ON THE JOB FOR WHICH YOU ARE APPLYING.

LIST ANY SPECIAL SKILLS OR ABILITIES WHICH DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.

DO YOU POSSESS A VALID CURRENT DRIVER'S LICENSE (ONLY FOR JOBS REQUIRING DRIVING A VEHICLE)? □ YES □ NO

DRIVER'S LICENSE NUMBER AND STATE
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MAY WE CONTACT YOUR EMPLOYERS LISTED ABOVE? □ YES □ NO

IF NO, INDICATE BY NUMBER WHICH ONE(S) YOU DO NOT WISH US TO CONTACT ____________________________________________

USE THIS SPACE TO DESCRIBE ANY PREVIOUS WORK HISTORY AND/OR TO DETAIL PARTICULAR JOB RESPONSIBILITIES LISTED ABOVE. INCLUDE ANY ADDITIONAL INFORMATION WHICH YOU FEEL MAY BE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.
SUMMARY
Set forth below is a summary of the provisions of ARAMARK Corporation’s Business Conduct Policy. This summary is included as a helpful outline and is not intended to serve as a substitute for the Business Conduct Policy. Employees are expected to read the entire Business Conduct Policy.

COMPLIANCE AND DISCLOSURE
The Company takes the Business Conduct Policy very seriously. Compliance with ARAMARK’s Business Conduct Policy is required of all employees. In addition, all employees must disclose known or suspected violations of the Business Conduct Policy or of any law or governmental rule or regulation as provided herein.

CONFLICTS OF INTEREST AND RELATED PARTY TRANSACTIONS
It is ARAMARK policy to prohibit actual, apparent or potential conflicts of interest unless such conflicts are specifically disclosed and approved as provided herein. It is essential that all ARAMARK employees avoid any situation or interest that might interfere with their judgment concerning their responsibilities to ARAMARK.

PUBLIC DISCLOSURE
As a public company, ARAMARK must ensure that its filings and submissions with the Securities and Exchange Commission and other public communications provide full, fair, timely, accurate and understandable disclosure.

COMPLIANCE WITH LAWS
It is ARAMARK policy to comply with the laws in every jurisdiction in which ARAMARK conducts business. ARAMARK has established restrictions on gift and entertainment activity. The cost and nature of gifts and entertainment should be planned and carried out in a way that appropriately and reasonably furthers the conduct of ARAMARK’s business.

ACCURATE BOOKS AND REPORTING
It is ARAMARK policy to comply with all applicable laws. ARAMARK is committed to accurate books and records to reflect accurately the true nature of the transactions represented. No false, artificial or misleading entries shall be made in ARAMARK’s books and records for any reason. No unrecorded fund or asset or other improper accounts in ARAMARK’s name shall be established or maintained for any reason.

PROTECTION AND USE OF COMPANY ASSETS
ARAMARK conducts business. ARAMARK has established restrictions on gift and entertainment. Corporate Affairs or the General Counsel’s office should be notified of any political contribution or expenditure by or on behalf of ARAMARK.

PERSONAL RELATIONSHIPS BETWEEN MANAGERS AND SUBORDINATES
It is in the best interest of ARAMARK and its employees that all individuals employed in a managerial capacity adhere to the highest professional standards, which include maintaining appropriate personal relationships with subordinates.

OUTSIDE EMPLOYMENT
An ARAMARK employee’s outside activities should not conflict with his/her ARAMARK duties.

RESPONDING TO GOVERNMENT AND OTHER INQUIRIES
It is ARAMARK policy to cooperate with all reasonable requests concerning ARAMARK’s operations from federal, state and municipal government agencies in each country in which ARAMARK conducts business.

MEDIA AND INVESTOR RELATIONS
In order to ensure professional and consistent handling, employees should refer all requests from the media to the Executive Vice President, Corporate Affairs or the General Counsel’s office. Any request from an industry analyst, or a market researcher or consultant should be referred to the Vice President, Investor Relations.

ILLEGAL SUBSTANCES
It is ARAMARK policy to maintain a workplace environment free of drug and alcohol abuse.

STATEMENT CERTIFICATION (SIGNATURE OF APPLICANT REQUIRED)
This application shall only remain active for 60 days. After 60 days, if you are interested in employment at ARAMARK, you must fill out a new application.

I hereby certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between ARAMARK Corporation or any of its affiliates and me for either employment or for the providing of any benefit. If an employment relationship is established, I understand that my employment can be terminated, at any time for any reason, with or without cause, at the option of either ARAMARK or myself.

In signing this form, I certify that I understand all the questions and statements in this application.

Further, if granted a position with ARAMARK Corporation or any of its affiliates, I will comply with ARAMARK’s Business Conduct Policy, a summary of which is printed above.
CONFIDENTIAL RECOMMENDATION FORM

To be completed by the fellowship candidate:

Applicant Information:

Name ________________________________________________________________

Street Address: ___________________________________________________________________

City, State, Zip code: ___________________________________________________________________

Telephone: (include area code please) _________________________________________________

As part of my application for the ARAMARK Healthcare Administrative Fellowship for Clinical Support Services, I am requesting that this form be completed by ________________________.

I voluntarily waive my right to access this recommendation under Public Law 93-380 so that it may be kept confidential. I know that I must meet all other criteria for admission in the manner set forth in the current catalog.

__________________________________________  ________________________________  ______________
Applicant’s Signature                  Print Name                        Date

Recommender Information:

Name __________________________________  Title: ________________________________

Organization: __________________________________________________________________

Street Address: __________________________________________________________________

City, State, Zip code: __________________________________________________________________

Telephone: (include area code please) _________________________________________________

Relationship to applicant: ____________________________________________________________
TO THE RECOMMENDER:

When you have completed and signed this recommendation, place it in an envelope, seal the envelope, sign your name across the sealed flap, and return the recommendation to the applicant for inclusion in the application packet. The applicant must submit all recommendations together. We appreciate your evaluation of the applicant.

A. For how long and in what capacity have you known the applicant?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

B. Does the applicant have the necessary attributes in scholarship and character worthy of this fellowship program? Please explain.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

C. Do you know of any weakness which might limit the applicant’s chances for success in this fellowship program? Please explain.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

D. How well does the applicant express him/herself orally and in writing?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

E. In comparison with other students whom you have had during the past five years, how does the applicant rank in scholarship?

☐ Best in years  ☐ Top 10%  ☐ Good  ☐ Average

F. We would greatly appreciate any additional remarks which might help the Committee make a fair and proper decision concerning this applicant. Please make note of any attributes of maturity, personality, motivation, and aptitude which will further describe the applicant. Continue on additional sheet if necessary.

Signature ________________________________________________ Date __________________

IT’S ALL CONNECTED.
CONFIDENTIAL RECOMMENDATION FORM

To be completed by the fellowship candidate:

Applicant Information:

Name ________________________________________________________________

Street Address: ___________________________________________________________________

City, State, Zip code: ______________________________________________________________

Telephone: (include area code please) _______________________________________________

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________________________________________________________________________________

Applicant’s Signature Print Name Date

Recommender Information:

Name ___________________________________________ Title: ______________________________

Organization: ______________________________________________________________________

Street Address: _____________________________________________________________________

City, State, Zip code: ________________________________________________________________

Telephone: (include area code please) _________________________________________________

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Signature ________________________________________________ Date ____________________
ARAMARK HEALTHCARE OVERVIEW

ARAMARK Healthcare understands that everything in a hospital is connected; that healthcare delivery and the environment are interdependent—one cannot be achieved without the other. The clinical support services we provide are essential to the healthcare delivery process. In fact, they impact the entire healthcare continuum, including patient, nurse, employee, physician, and visitor satisfaction; operational efficiency and patient throughput; service excellence; and financial performance.

Through our metric-based approach to accountability, ARAMARK Healthcare has proven to be a valuable organization in helping hospitals, health systems, and senior living facilities address these challenges and provide the best care by creating the best environments in which to operate.

ARAMARK Healthcare is a leader in providing best-in-class clinical support services, serving nearly 1,000 hospitals and senior living facilities across North America. The business is comprised of three groups that deliver a unique portfolio of services in its respective categories. Each group has its own leadership and employee skill sets, but is aligned under ARAMARK Healthcare to deliver a single source of contact and service connectivity for our clients. The business groups include:

- Facility Services
- Food Services
- Clinical Technology Services

To learn more about ARAMARK Healthcare, visit www.aramarkhealthcare.com or dial 1-800-909-7373.