

For Office Use Only: Reviewed: _____ Initials: _____
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## MEDICAL STAFF SCHOLARSHIP RECOMMENDATION FORM

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

Name of Applicant: \_\_\_\_\_  
Last
First
Middle Initial

Name of Evaluator: \_\_\_\_\_ Position/Title: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Furnish information on the nature and frequency of your contacts and observations of the applicant:

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### EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 0 to 10 (with 10 being "Superior" and 0 being "Poor"). If you would like to make additional comments about the applicant, please use a separate sheet.

	Poor	Below Average			Average		Above Average			Superior	
	0	1	2	3	4	5	6	7	8	9	10
Cooperation											
Courtesy											
Dependability											
Industriousness											
Initiative											
Leadership											
Maturity											
Self Control											
Personal Appearance											

Using the above evaluation, indicate your opinion of the applicant's ability to achieve excellence.

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Signature \_\_\_\_\_