



Letter of Recommendation for St. Tammany Health System Board of Commissioners' Scholarship

Scholarship Applicant Name: _____

Name of Individual Providing Recommendation: _____

Phone Number of Individual Providing Recommendation: _____

Email of Individual Providing Recommendation: _____

Relationship to Applicant (Circle One):

Educator/Clinical Instructor
 Employment Manager/Supervisor
 Professional Mentor

Please rate the applicant in the following areas:

	Excellent	Good	Fair	Poor
Dependability				
Teamwork				
Adaptability				
Empathy				
Clinical Decision Making				
Leadership Potential				

Are there any additional comments you would like to make?

Would you recommend this student for the St. Tammany Health System Board of Commissioners' Scholarship?

Yes
 Yes, with Reservations
 No

Signature of Individual Providing Recommendation: _____

Date Completed: _____

Submit the completed recommendation electronically to sthsscholarships@stph.org; or an applicant may, in person, submit a recommendation signed by the individual providing the recommendation to STHS Human Resources. Reference may be contacted to verify recommendation.