



Letter of Recommendation

Date Completed: _____

Scholarship Applicant Name: _____

Name of Individual Providing Recommendation: _____

Relationship to Applicant: Professor/Educator Employment 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 STHS Nursing and Allied Health Scholarship?

_____ Yes _____ Yes, with reservations _____ No

Signature of Individual Providing Recommendation: _____