

Scholarship Recommendation Form

Instructions to Applicant: Obtain three (3) recommendations from individuals (including at least one from a current nursing instructor) who can evaluate your performance. **Make copies of this form**, fill in below your name and the date you need the form returned to you, and request that the completed form be **returned to you** by the recommenders in a sealed envelope with your name on it by the date you indicated. **You should mail all to: Nursing Scholarship Committee, InterAct for Change, 3805 Edwards Rd #500, Cincinnati, OH 45209-1948, postmarked no later than January 31, 2019.**

Name of Applicant (Please Print) _____
 (To be completed by applicant)

Return by _____
 (Date, to be completed by applicant)

Instructions to Person Completing Recommendation: Below are statements which represent the purposes and criteria for the scholarship award. To assist you in evaluating the applicant, each of these statements are followed by a few examples of behaviors which are characteristic of the statement. **After completing this form, place form in a sealed envelope with applicant's name on the envelope and return to applicant by above date.**

On a scale of "1 to 6," with "6" representing outstanding performance of a criterion and "1" representing poor performance, circle the number which represents your opinion on how the applicant meets each statement.

- | | Poor | Outstanding |
|--|------|-------------|
| 1. The applicant is a compassionate caregiver. | 1 | 2 3 4 5 6 |
| Communicates interest and concern toward others.
Is alert to and considerate of needs of others (patients, co-workers, classmates)
Is supportive of others in stressful situations. | | |
| 2. The applicant demonstrates positive leadership abilities. | 1 | 2 3 4 5 6 |
| Collaborates with others (classmates, co-workers) in achieving mutually agreed goals.
Holds self and others accountable as appropriate to the situation.
Assumes role of group member or group leader as appropriate to situation.
Contributes constructively to the group's efforts to achieve goals. | | |
| 3. The applicant demonstrates good academic ability. | 1 | 2 3 4 5 6 |
| Applicant's performance on class requirements demonstrates highly developed academic ability.
Uses classroom/clinical situations as opportunities to develop as a professional nurse.
Takes advantage of opportunities to continuously learn new knowledge and skills.
Expresses ideas succinctly and logically when speaking and in writing.
Exhibits spirit of inquiry by asking appropriate questions and discussing all sides in issues. | | |

This applicant should be awarded a scholarship. (1 =Do not recommend; 6=Highly recommend)

1 2 3 4 5 6

Comments about any of the above items are encouraged. Use back of page or attached sheets if necessary.

Provide information as to your relationship with the applicant, and when and where it took place (e.g., Instructor (type of course), advisor, administrator, or co-worker at name of college or place of employment):

Relationship (with applicant)	When (dates, length of time)	Where (location)

Signature _____ Print Name _____

Phone # _____ E-Mail Address _____