

# STANLY HEALTH FOUNDATION SCHOLARSHIP

## RECOMMENDATION FORM (one for each reference)

Applicant's Name (printed) \_\_\_\_\_

1. What is your relationship (current or past professor, Atrium teammate) to the applicant? How long have you known him/her? \_\_\_\_\_
2. Please rank the applicant on the following traits in comparison with others at the same level of training or experience.

Qualities	Outstanding	Above Average	Average	Below Average	Unable to Evaluate
Academic Achievement					
Work Ethic					
Motivation/Perseverance					
Ability to work with others					
Leadership Potential					

3. In the space below, please share what you believe are the applicant's strengths and areas for improvement.

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Recommendation: (Check one)

- \_\_\_\_\_ The applicant has my highest recommendation
- \_\_\_\_\_ I recommend the applicant with confidence
- \_\_\_\_\_ I recommend the applicant with some reservations
- \_\_\_\_\_ I do not recommend the applicant

\_\_\_\_\_ Recommender's Name Position/Title

\_\_\_\_\_ Recommender's Address

\_\_\_\_\_ Recommender's Signature

Please mail completed form to Stanly Health Foundation, PO Box 254, Albemarle, NC 28002 or email to

amy.r.jones@atriumhealth.org