



Scholarship Recommendation Form Public Health Program

Note: To complete the form, use your TAB key to move to each field.

Applicant Name: _____

Reference Information:

Name: _____

Position: _____

Address: _____

Phone: _____ Email _____

1. Please rate the applicant on each of the characteristics below on the designated scale (Tab to your choice and click on box)	Needs Strengthening	Developing	Good	Strong	Outstanding	Unable to Comment
Initiative and resourcefulness						
Motivation and perseverance						
Dependability						
Maturity (self-confidence, acceptance of feedback)						
Academic ability/performance						
Ability to work with others						
Potential in chosen profession						
Leadership						
Professionalism						
Evidence of financial need						
Evidence of service/community involvement						

2. How long and in what capacity have you known the student?

3. Please comment on the student's strengths and weaknesses.

Strengths:

Weaknesses:

4. Other Comments:

**The completed recommendation form should be
emailed to Sue.Hutchings@wwu.edu**