

TUITION SCHOLARSHIP RECOMMENDATION FORM

To be completed by the applicant. Print or type the form. Please send the completed form to info@theeducatorng.org. copy h_watch@yahoo.com

Last Name First Name Middle or Maiden Name

Proposed Graduate Program Degree Sought

The following signed statement reflects the applicant's wish regarding this recommendation:

- ☐ I waive my right to inspect this recommendation.
☐ I do not waive my right to inspect this recommendation.

Signature of Applicant

Summary Evaluation

To be completed by the person recommending the applicant. The recommendation should come from an individual who can speak to the candidate's ability to succeed in an academic program such as a faculty member or supervisor or a spiritual mentor. The person named above is being considered for a tuition scholarship. Please complete the summary evaluation below. Please also append to this form additional comments about the applicant. This recommendation is subject to review by the applicant unless that right has been waived (see above).

How long have you known the applicant? _____ In what capacity? _____

Please specify the referent group you are thinking about as you rate the applicant:

- ☐ Other undergraduate students, I have taught in recent years
☐ Graduate students in a master's healthcare-related program I have taught in recent years
☐ Other employees I have worked with that are now professionals in the field
☐ Other (please specify) _____

Recommendation Criteria	Outstanding (highest 5%)	Excellent (next highest 5%)	Good (next highest 15%)	Fair (next highest 25%)	Poor (lowest 50%)	Unable to Judge
Academic performance, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for the proposed program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual capacity, including reasoning and analytical ability, imagination, learning potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My overall recommendation of the applicant for graduate study:

- ☐ Highly Recommended
☐ Recommended
☐ Recommended with Reservation
☐ Not Recommended

Please also attach a separate letter of recommendation with additional comments about the applicant.

Signature

Date

Name and Position (type or print)

Institution/Organization

Address

City

State/Zip