

**Institutional Scholarship Applicant – Faculty Reference Request**

**\*\*\*IMPORTANT- Please note that this IS NOT considered a letter of recommendation**

**To Be Completed by the Applicant (Submit Only 1 Faculty Reference form):**

Applicant: *(print)*

First:

Last:

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My NUHS program:

Current Tri:

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I waive the right to inspect this confidential recommendation when it becomes a part of my application for institutional scholarships with the Financial Assistance and Scholarship Committee. I understand that, according to the Family Educational and Privacy Act of 1974, this waiver is optional.

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Handwritten Signature

Date

**Faculty Reference:**

The institutional scholarship funds administered by National University of Health Sciences are awarded to students who exhibit solid academic achievements and personal integrity. Please comment on the student's academic and career promise.

**Return form to: Financial Aid Office *or* return it to the student in a sealed envelope with your signature over the flap's junction point.**

**Return form by: Monday, March 9, 2020**

**Instructions:**

1. Using the chart below, compare the applicant with other students you know who have similar career objectives by putting a check in the square for each quality that best identifies the applicant's qualities.

	<b>No Basis for Judgment</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>	<b>(Top 5%) Outstanding</b>
<b>Potential for success</b>						
<b>Ability to work with Others</b>						
<b>Emotional stability</b>						
<b>Responsibility</b>						
<b>Communication skills</b>						
<b>Ability to analyze a problem and formulate a solution</b>						
<b>Motivation for program of study</b>						
<b>Concern with professional issues</b>						

**Signature:**

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**Printed Name:**

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**Title/Position:**

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**Date:**

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Thank you.