

# Northern Plains Eye Foundation Health-Care Education Scholarship Faculty Recommendation

Deadline February 20, 2009

Your recommendation addressing the student's qualifications for this award is valuable to the scholarship selection process. Please explain any special qualities that you believe make this student deserving of the award. If possible, provide specific experiences that show this student's merit.

**Student's Name:** \_\_\_\_\_  
**College:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**I am recommending this student because:** (please use back or attach separate sheet if needed.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please check the appropriate boxes below to rate the student's personal characteristics:**

CHARACTERISTIC	EXCELLENT	GOOD	FAIR	UNKNOWN
Motivation/Initiative				
Responsibility				
Integrity & Honesty				
Diligence/Perseverance				
Cooperation/Teamwork				
Common Sense/Judgment				
Leadership				
College/Extracurricular activities				
Health-care related activities (i.e. work experience, job shadow, certifications, health science projects or classes, blood drives, etc.)				
Potential for success				
Overall impression				

\_\_\_\_\_  
 Printed Name Title/Department

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return by 2/20/2009, in a sealed envelope with your signature across the sealed flap, to:**  
**Northern Plains Eye Foundation, Scholarship Manager, PO Box 5568, Rapid City, SD 57709-5568.**

**Thank you for your input!**