

## West Virginia Medical Scholarship Program

### Recommendation Form

**APPLICANT:**

Please provide a copy of this form to two references:

- 1) an official in the Dean’s office who can address your academic work, clinical skills and professionalism.
- 2) an individual (not a relative) who is knowledgeable about your clinical experience as a health professions student

Applicant Name: \_\_\_\_\_  
 (Last) (First) (Middle)

**Applicant Waiver:** I do  I do not  waive my right of access to this recommendation, granted under the provisions of the Family Education Rights & Privacy Act of 1974.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**REFERENCE:**

Your time and input are appreciated. This recommendation will be used solely for evaluation by the Institute for Community and Rural Health Scholarship Committee. The program requires participants to practice a minimum of one year in West Virginia in an eligible site, typically a rural underserved area.

**Please complete and return this form by February 5, 2018 to:** WVU Institute for Community and Rural Health, PO Box 9009, Morgantown, WV 26506

- 1. How long have you known the applicant? \_\_\_\_\_  
 In what specific capacity? \_\_\_\_\_

2. Evaluate the applicant according to the following criteria by checking the appropriate box.

Characteristic	Excellent	Above Average	Average	Below Average	Unknown
Breadth of Knowledge					
Clinical Competence					
Professional Demeanor					
Interpersonal Skills					
Leadership Potential					
Communication Skills					
Ability to work in a team					
Community Service					

3. Does the applicant possess any special assets that should be noted? If yes, please describe:

4. How does the student's commitment to practice in a rural underserved area compare with that of other students?

5. Other Comments:

**Recommendation (check one)**

I highly recommend this applicant

I recommend this applicant, but with some reservation

I recommend this applicant

I am not able to recommend this applicant

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Institution or Agency

\_\_\_\_\_  
Name of Reference, typed or printed

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code