West Virginia Dental 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 December 11, 2015 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