## **West Virginia Dental Scholarship Program**

## **Recommendation Form**

## **APPLICANT:**

Please provide a copy of this form to two references:

an official in the Dean's office who can address your academic work, clinical skills and 1) professionalism. an individual (not a relative) who is knowledgeable about your clinical experience as a 2) health professions student Applicant Name: \_ (First) (Middle) (Last) **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 14, 2018 to: WVU Institute for Community and Rural Health, PO Box 9009, Morgantown, WV 26506 How long have you known the applicant? \_\_\_\_\_\_ 1.

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

In what specific capacity?

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 s	should be noted? If	yes, please descri	be:	
4.	How does the student's commitment to practice in a	a rural underserved	area compare wit	h that of other stu	ıdents?
5.	Other Comments:				
Red	commendation (check one)				
	_ I highly recommend this applicant		commend this app ervation	licant, but with so	me
	_ I recommend this applicant	I an	n not able to recor	mmend this applica	ant
Sigr	nature of Reference	Institution or Age	ncy		
Nan	ne of Reference, typed or printed	Mailing Address			
Title	2	City	State	Zip Code	