West Virginia Medical Scholarship Program

Recommendation Form

APPLICANT:

1.

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 February 1, 2019 to: WVU Institute for Community and Rural Health, PO Box 9009, Morgantown, WV 26506

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

In what specific capacity?

How long have you known the applicant? _____

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	at should be noted? If yes, please describe:
4. How does the student's commitment to practice i	n 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