

Wound, Ostomy, Continenence Nurses Society, Hawaii Affiliate Scholarship Recommendation Form

Name of Applicant: _____

How long and in what connection have you known the applicant? _____

Your careful consideration in completion of this recommendation form is greatly appreciated. Please check the category which best describes your evaluation of the applicant for each of the following characteristics:

	Outstanding	Above Average	Average	Below Average	No Basis for Evaluation
Academic Potential					
Leadership					
Sense of responsibility					
Ability to work with people					
Rapport with patients					
Ability to adapt to new situations					
Reliability					
Oral Communication					
Written Communication					
Ability to analyze problems					
Ability to solve problems effectively					
Initiative					
Organization					

Recommendation for acceptance (check one):

Strongly recommend

Recommend with reservations
as noted above

Recommend

Do not recommend

Please print or type:

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Signature

Date

The Recommendation Form may be given to applicant for expedient processing or mailed to the following address:

Phyllis Adriano
60 N. Beretania Street #2103
Honolulu, Hawaii 96817