



ACCELERATED BSN PROGRAM SCHOLARSHIP RECOMMENDATION FORM

This portion to be completed by candidate

Name: \_\_\_\_\_
First Middle Last

Address: \_\_\_\_\_
Street Apt. #

City State Zip

Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E.Mail: \_\_\_\_\_@\_\_\_\_\_

References will be acceptable from a professor, supervisor/employer and other professional persons and should refer to relevant education, training and/or experience.

Table with 6 columns: RATING, EXCELLENT, SATISFACTORY, NEEDS IMPROVEMENT, UNSATISFACTORY, UNABLE TO COMMENT/NA. Rows include Academic Potential, Communication, Dependability, Initiative/Flexibility, Leadership Ability, Integrity, Teamwork.

1. What do you consider the candidate's strengths/weaknesses? \_\_\_\_\_

2. Would you recommend this candidate? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please email to:

Lisi Carreno, Executive Director
lcarreno@miami.edu