**LEGACY AFFINITY \MEDICAL GROUP SCHOLARSHIP**

**2021 STUDENT RECOMMENDATION FORM**

The scholarship awards are presented to the children of Legacy Affinity Health System employees who have shown an interest in pursuing a career in human health services.

**APPLICANT’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIGH SCHOOL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above student has asked you to write a recommendation for the Legacy Affinity Medical Group Scholarship. Please complete the information below, complete the attached Student Evaluation Checklist and include a written letter of recommendation for the student.

**SINCE WE REMOVE ALL APPLICANTS’ NAMES FROM THE APPLICATION, TO HELP ASSURE IMPARTIALITY, WE WOULD ASK THAT YOU USE THE APPLICANT’S NAME ON *THIS PAGE ONLY* AND OMIT THEIR NAME FROM YOUR REFERENCE LETTER.**

This portion of the student’s application is very important and we would ask that you print or type your letters. We also ask that you e-mail or mail your completed forms and recommendation letter to jennifer.vanabel@ascension.org or Ascension Health System,

ATTN: Jennifer Van Abel, 500 S Oakwood Rd, Oshkosh, WI 54904.

We greatly appreciate your efforts in providing a reference letter for this student.

**All applications must be received with recommendation forms by April 9th.**

Recommender’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been in this occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you know this student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this student? ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEGACY AFFINITY MEDICAL GROUP SCHOLARSHIP**

**2021 STUDENT RECOMMENDATION FORM**

Compared to the students in his/her class, please circle the rating that best rates this student:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **No basis for**  **Judgment** | **Below Average** | **Average** | **Above Average** | **Excellent**  **(top 10%)** | **Top 1% I’ve**  **encountered** |
| Academic Motivation | NB | 1 | 2 | 3 | 4 | 5 |
| Academic Ability | NB | 1 | 2 | 3 | 4 | 5 |
| Intellectual Curiosity | NB | 1 | 2 | 3 | 4 | 5 |
| Oral Communication (English) Skills | NB | 1 | 2 | 3 | 4 | 5 |
| Written Communication (English) Skills | NB | 1 | 2 | 3 | 4 | 5 |
| Extracurricular/Community Contributions | NB | 1 | 2 | 3 | 4 | 5 |
| Leadership | NB | 1 | 2 | 3 | 4 | 5 |
| Character/Personal Qualities | NB | 1 | 2 | 3 | 4 | 5 |
| Self-Confidence | NB | 1 | 2 | 3 | 4 | 5 |
| Dependability | NB | 1 | 2 | 3 | 4 | 5 |
| Emotional Maturity | NB | 1 | 2 | 3 | 4 | 5 |
| Concern for Others | NB | 1 | 2 | 3 | 4 | 5 |
| Please explain if you are aware of any special circumstances that may be affecting this applicant or their family: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |

***Deadline Date: April 9th***