

School of Nursing Scholarship

Western Illinois University
School of Nursing
Currens Hall 125
1 University Circle
Macomb, IL 61455
Phone: (309) 298-2571 Fax: (309) 298-3190

Letter of Recommendation

Applicant's Name: _____

I authorize this reference _____, to complete this referral sheet for a School of Nursing Scholarship. I understand that the referral sheet will be forwarded to the School of Nursing Office at Western Illinois University and will be for the private use of the Scholarship Committee. I will not be permitted to review this reference sheet for any reason.

Applicant Signature: _____

Reference: Please complete this form and return it directly to the School of Nursing Office at Western Illinois University at the address listed above, prior to **May 1st deadline**. Failure to meet this deadline may jeopardize the applicant's opportunity to be considered for this scholarship.

1. How long have you known the applicant? _____

2. What is your relationship with the applicant? _____

3. Applicant Appraisal

The applicant's ability to commit and follow through on his/her goals:

Excellent Good Fair Poor

Explain:

How well does the applicant's past achievements reflect his/her ability to fulfill their education goals?

Excellent Good Fair Poor

Explain:

4. What qualities make this applicant a good candidate for this scholarship? (please use the reserve side if needed)

5. Additional Comments – Please add any information which you feel might assist the selection committee.

Your Name: _____ Title: _____

Address: _____ Phone: _____

Signature: _____

If you have questions, please contact the School of Nursing Office (309) 298-2571.