

## School of Nursing Scholarship

Western Illinois University  
School of Nursing  
Currens Hall 510  
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 1<sup>st</sup> 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 reverse 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.