



UNDERGRADUATE NURSING STUDENT SCHOLARSHIP

Letter of Recommendation

Section A: To be completed by the applicant

I _____ give permission for _____
(faculty/Instructor) to access my records/grades from _____ School of Nursing.

Signature: _____ Date: _____

Section B: To be completed by the person providing reference (Faculty/Instructor)

Information for the person serving as the applicant's reference: The above-named person has made an application for student nursing scholarship through GINA and is requesting you to provide a reference. Please indicate your evaluation of the applicant with a check mark in the appropriate fields.

Qualities	Outstanding 4	Above Average 3	Average 2	Below Average 1	Not Observed 0
Problem solving ability					
Decision making ability					
Communication skills					
Self-direction					
Cooperation					
Team Skills					
Accountability					

Comments (optional): _____

Name: _____ Position/Title: _____

Place of Employment: _____

Address: _____

Phone No: _____ E-mail address: _____

Capacity in which you have known applicant: _____

Signature: _____ Date: _____ May we contact you: Yes No

Thank you for taking the time to complete the reference!