



Scholarship Recommendation Form

Name of Applicant: _____

Date of Application: _____ Contact Phone: _____

The applicant listed below is applying for a scholarship to support their advancement. Our scholarship program is a competitive process designed to support employees who have demonstrated merit, have a commitment to the SJMC and Teton County communities, and show promise in their professional careers. Please keep this in mind as you provide information about this candidate.

Applicant's Name: _____

Applicant's Work Position/Title: _____

Administrator or Supervisor Name: _____

Administrator or Supervisor Title: _____

How long have you known this applicant and in what capacity?

Please rate the applicant in the following categories from 1 to 5

(1—Poor; 2—Below Average; 3—Fair; 4—Good; 5—Excellent)

CATEGORY	1	2	3	4	5
Commitment to SJMC and Teton County Community					
Professional and Leadership Promise					
Professional Performance & Responsibilities					
Relationship with Colleagues					
Relationship with Supervisors or Patients (as applicable)					

Additional Comments:

Signature of Administrator or Supervisor: _____

Date: _____ Contact Phone & Email: _____

HR staff signature: _____ Date: _____