

Recommendation Request for Applicant for OSHP SCHOLARSHIP AWARD

To be completed by applicant: Please print or type

Name of Applicant:

First Name	M.I.	Last Name
Street Address or P.O. Box		
City	State	Zip Code
E-mail	Phone	

I waive the right to review this recommendation:

Signature of Student Applicant

To the recommender:

Please complete and return this form in hardcopy by March 7, 2012 to:
SCHOLARSHIP COORDINATOR
OREGON SOCIETY OF HEALTH-SYSTEM PHARMACISTS
 147 SE 102nd Ave., Portland, OR 97216

Scholarship applicants are required to have recommendations submitted by persons who are in a position to evaluate the applicants' qualifications. The recommender is asked to make a frank appraisal of the applicant's character, personality, and abilities. All comments and information provided will be kept in strictest confidence.

For the recommender to complete:

I have known the applicant for approximately ___ (months) (years). My relationship to the applicant was (or is) in the following capacity.

- Faculty advisor
 Employer
 Supervisor
 Clerkship preceptor
 Other faculty relationship
 Other (Please specify) _____

I know him/her:
 Very Well
 Fairly Well
 Only Casually

Relative to persons or similar background, training and professional interest, how would you rate this applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Academic ability					
Quality of work					
Written communication skills					
Oral communications skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
professional appearance and demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					

Does the applicant possess any special assets that should be noted?

Does the applicant demonstrate any weaknesses that should be considered by the scholarship committee?

Other Comments:

Recommendation concerning OSHP scholarship award: (check one)

- I highly recommend this applicant I recommend this applicant, but with some reservation
 I recommend this applicant I am not able to recommend this applicant

Signature of Recommender

Name (typed or printed)

Title and affiliation

Street address or P.O. Box

City

State

Zip Code

Telephone Number

E-mail

Please send by March 7, 2012 in hardcopy to:
SCHOLARSHIP COORDINATOR
OREGON SOCIETY OF HEALTH-SYSTEM PHARMACISTS
147 SE 102nd AVE., PORTLAND, OR 97216
FAX: 503.253.9172