

Joseph Hageman Memorial Nursing Scholarship Recommendation

The following nursing student has applied for a scholarship with the Craven Regional Medical Center Foundation. Please complete the recommendation form and return it to the address below. This information will remain confidential.

Applicant's Name _____

How long have you known him/her? _____

What is your relationship (i.e. teacher, college professor, employer, etc.)? _____

On a scale of 1 (lowest) to 5 (highest), please rank the applicant on the following criteria:

Professional knowledge	_____
Oral expression/communication	_____
Written expression/communication	_____
Ability to work with others	_____
Perseverance in pursuing goals	_____
Leadership potential	_____
Patient Relation Skills	_____

Please include supporting comments or documentation on any of your ratings, which you feel would be significant to the scholarship committee.

What are the applicant's strengths?

In what areas does the applicant need to improve?

Summary evaluation (please check one):

Strongly recommend Recommend Recommend with reservations Do not recommend

Signature _____

Printed Name _____

Company/School _____

Telephone _____

Date _____

Craven Regional Medical Center Foundation, Joseph Hageman Memorial Nursing Scholarship
Attention: Executive Director, P.O. Box 1576, New Bern, NC 28563 - (252) 633-8247