



UNIVERSITY of MARYLAND
MEMORIAL HOSPITAL
FOUNDATION

OF SHORE REGIONAL HEALTH

Evaluation Form for Chesapeake College ADN Scholarship

to accompany your Letter of Recommendation

Last Name _____ First Name _____ Middle Initial ____ Date of Birth _____

Academic Year _____ Program of Study/Degree _____

Applicant: Please respond to this statement.

I agree that the recommendation I am requesting shall be held in confidence by officials of UM Memorial Hospital Foundation and I hereby waive any Rights I may have to examine it. Yes No

Recommender

Last Name _____ First Name _____

Position/Affiliation _____

Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Primary Phone Number _____ Professional Website _____

Length of Time Affiliated with Applicant _____ Affiliation with Applicant _____

Evaluation

	Below Average (Lowest 40%)	Average (Middle 20%)	Above Average (Next 25%)	Unusual (Next 5%)	Outstanding (Almost Top 5%)	Truly Exceptional (Top 5%)	Inadequate Opportunity to Observe
Intellectual Potential							
Ability to Work with Others							
Creativity, imagination							
Maturity							
Communication: Oral							
Communication: Written							
Analytical and Problem Solving Skills							
Potential as a Nurse							
Demonstrates a Professional Image							
Completes Tasks in a Timely Manner							
Demonstrates Flexibility							
Good Attendance Record							
Demonstrates Leadership Skills							
Good Problem Solver							
Strength of Overall Endorsement							

Signature _____ Date _____