



Athletico Cares Scholarship Letter of Recommendation from Faculty

Instructions: Please download this form, complete, save as PDF, and return to the student so they can submit with their application materials.

Name of Applicant: _____

Please provide your views on the following by placing “X” in the appropriate column below.

	Very Weak	Below Average	Average	Above Average	Very Strong
Capacity for analytic thinking and problem-solving					
Communication and interpersonal skills					
Commitment to learning and professional development					
Sense of responsibility and professional obligation					
Ability to receive and apply feedback					
Accountability for actions, decisions, and behaviors					
Demonstrates focus on patient outcomes and prioritizing patient care					
Demonstrates the necessary knowledge and skills to excel in the profession					

In 300 words or less, please expand on the applicant’s knowledge, skills, and abilities that will aid them in being an exceptional healthcare professional. Please use the box on the next page.

Name (please print): _____

Signature (electronic acceptable): _____

Date: _____

Email: _____

