



Rosa M. Douglas
SCHOLARSHIP FOUNDATION

SCHOLARSHIP RECOMMENDATION FORM

Applicant First Name

Applicant Last Name

Please type all answers and submit the form via e-mail to: info@rmdsf.org.

RECOMMENDER'S CONTACT INFORMATION

Recommender's Name

Occupation

Recommender's Signature (digital)

Employer/School

Date

Phone and E-mail Address

RECOMMENDATION

Based on your knowledge of the applicant, please rate the following areas for potential success and commitment to community health.

OK=meets expectations

Good=superior in a few areas

Outstanding=superior in most areas

Academics: academic potential, ability to succeed in demanding course work, dedication to studies, and/or exceeds classroom expectations

OK

Good

Outstanding

Health: shows dedication to promoting a healthy community, adopted some healthy living techniques

Community: demonstrates a commitment to community, demonstrates superior leadership skills

Character: shows initiative and self-reliance, has a great work ethic, advanced communication skills, finds ways to overcome/compensate for challenges or personal weaknesses

NARRATIVE

Please type your answers to the following questions. *Handwritten recommendations and additional pages will not be accepted.*

1) What are the individual's strengths and how will they contribute to future success in college and community health initiatives?

2) How has the individual demonstrated a commitment to his/her community?

3) Do you have anything additional to add about why are you recommending this individual for a scholarship?