

**Department of Kinesiology
College of Nursing and Health Innovation
Scholarship Recommendation Form**

Section 1: Applicant Information			
Candidate's Name			
Program / certification(s) in which student enrolled			
Name of Recommender and Relationship to candidate			
Section 2: Candidate Evaluation			
I would compare the candidate with other individuals of the same level as follows: Exceptional Above Average Average Below Average No Information			
Intellectual ability		Maturity	
Writing ability		Initiative	
Speaking ability		Responsibility/dependability	
Teaching/Leadership ability		Loyalty	
Academic preparation		Promptness	
Research aptitude		Attention to detail	
Interpersonal skills		Honesty and integrity	
Willingness to learn		Motivated	
Overall evaluation: Compared to other students, employees, colleagues at the same level, I would rank this candidate in the top <div style="text-align: center;">Select a Rank</div>			
Comments:			
Name of Recommender:		Title:	
E-mail Address:		Date:	

Recommender: please email this completed form to Dr. Cindy Trowbridge at ctrowbridge@uta.edu from your email address. **DUE April 16th, 2021 by end of day.**