

Colorado Nursing Collaborative Scholarship Application

Scholarship Recommendation

Student Instructions: You will need to have two (2) recommendation forms with your application – one from faculty and one from employer/other. Fill in your name and program type below. Ask the person to fill in the form, seal it in an envelope, with their signature across the seal. Collect the recommendation forms and include them with your application materials.

Recommender Instructions: Your recommendation is required as part of the student application. Complete the form below and add any comments at the bottom. Put the form in an envelope and sign across the seal before returning to the student. This form is required; however, you may attach an additional letter, if desired. Thank you for your support and cooperation.

Student Name: _____

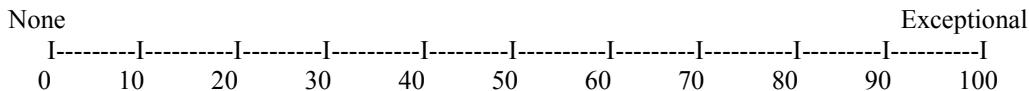
Student's Program (circle one): ADN BSN RN-BSN Master's Nurse Doctorate PhD

How long have you known the applicant? _____

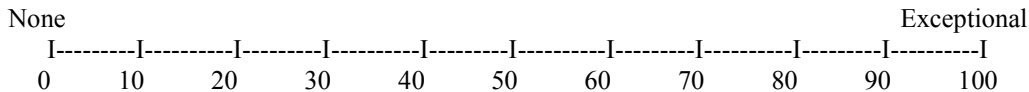
In what capacity have you known the applicant? _____

Compared to other students at the same level of this student, please rate this student on the following characteristics:

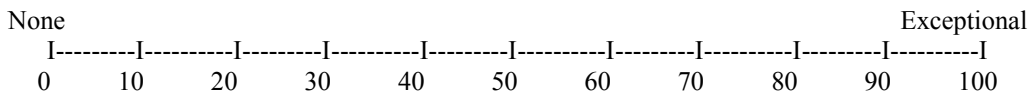
LEADERSHIP



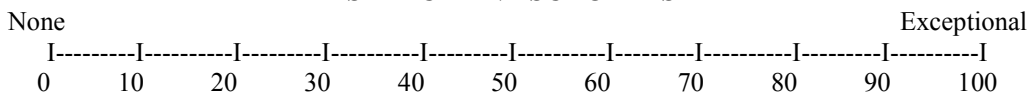
PROFESSIONAL CONTRIBUTIONS



SERVICE AND COMMUNITY ACTIVITIES



RESEARCH AND SCHOLARSHIP



Comments: _____

Print Name/Credentials

Signature/Credentials

Date

Print Title

Organization/School

**PUT IN ENVELOPE, SEAL, SIGN ACROSS SEAL, RETURN TO STUDENT.
STUDENT WILL INCLUDE SEALED ENVELOPE WITH APPLICATION PACKET.**