

ARKANSAS DIETETIC ASSOCIATION SCHOLARSHIP RECOMMENDATION FORM

Applicant's Name: _____ Date: _____

I wish this letter of recommendation to be confidential and hereby waive any and all access rights granted me by the law (under Par.1323g (a)(1) and P.L.397 of 1978)

Applicant's Signature: _____ Date: _____

Please rate the applicant on the qualities that you feel you can judge on the form below. When possible provide narrative support.

OU = Outstanding

MS = More than satisfactory

SA = Satisfactory

NI = Needs improvement

UN = Unsatisfactory

NO = Not observed

Skill	OU	MS	SA	NI	UN	NO
Analytical Skills						
Conceptual Skills						
Communication Skills – Oral						
Communication Skills – Written						
Interpersonal Skills - Peers/Co-workers						
Interpersonal Skills - Teacher/Supervisor						
Initiative						
Reaction to Stress						
Assumes Responsibility						
Leadership Skills						
Organizational Skills						
Potential as a Dietitian						

Would you want this person if qualified as a co-worker?

_____yes _____no _____ maybe **Explain:**_____

(Continue on back of page)

ARKANSAS DIETETIC ASSOCIATION SCHOLARSHIP RECOMMENDATION FORM(continued)

Additional information may be provided on the strengths of the applicant and qualities that require further development.

RELATIONSHIP TO APPLICANT:

_____ Advisor _____ Major Professor _____ Work Supervisor

_____ Other: Please Specify _____

How long have you known the applicant? _____

How well do you know the applicant? _____

Do You: _____ **Highly Recommend** _____ **Recommend** _____ **Not Recommend**

Name (Type or Print): _____

Position: _____ Phone Number: _____

E-mail Address: _____

Address: _____

Signature: _____ Date: _____