**WVAND Scholarship Recommendation Form**

This form is also available online: [WVAND Scholarship Recommendation Form](https://docs.google.com/forms/d/e/1FAIpQLSdAPTvGSUqCDNFjugJ5wphWf5cZC7wX_92_JsjiK0hLTeSRng/viewform?usp=sf_link). You may complete it either way.

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Recommender’s information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you rate the applicant for each of the following characteristics? Please select the box with the rating that best describes the applicant in each category.

Legend:

5- Outstanding

4- More than Satisfactory

3- Satisfactory

2- Needs improvement

1. Unsatisfactory

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Scholarship:** | **1** | **2** | **3** | **4** | **5** |
| Overall academic achievement |  |  |  |  |  |
| Nutrition content/ Knowledge |  |  |  |  |  |
| Organizational skills |  |  |  |  |  |
| Initiative/ Motivation |  |  |  |  |  |
| Creativity |  |  |  |  |  |
| **Professional Potential** | | | | | |
| Communication skills: |  |  |  |  |  |
| Oral |  |  |  |  |  |
| Written |  |  |  |  |  |
| Interpersonal skills: |  |  |  |  |  |
| Peers/ Co-workers |  |  |  |  |  |
| Teachers/ Supervisors |  |  |  |  |  |
| Extracurricular Activities: |  |  |  |  |  |
| Volunteer experience |  |  |  |  |  |
| Professional Memberships |  |  |  |  |  |

**Briefly describe applicant’s strengths:**

**Describe applicant’s areas of improvement:**

**Summary evaluation**

Overall how would you recommend the applicant for this scholarship?

|  |  |
| --- | --- |
| Highly recommend |  |
| Recommend |  |
| Do not recommend |  |

Please email this form to Brooke Nissim-Sabat by **March 15, 2021**.

**This should not be given to the student to send.**

For questions, please contact:

Brooke Nissim-Sabat, MS, MPH, RDN, LD

[brooke.nissimsabat@pierpont.edu](mailto:Evans99@marshall.edu)

304-367-4843

Adapted from the Academy of Nutrition and Dietetics Foundation Scholarship Recommendation Form (9/2015).

Form reviewed 2/2021.