

## Request for Recommendation by Applicant for TSHP Research and Education Scholarship Program

To be completed by Applicant: Please print or type

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

First

MI

Last

\_\_\_\_\_  
Street Address or PO

\_\_\_\_\_  
City

State

Zip

Phone Number

E-Mail Address

I waive the right to review this recommendation:

\_\_\_\_\_  
Signature of Scholarship Applicant

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To the recommender:

Please complete and return this form by **February 28** to:

TSHP Research & Education Foundation  
3000 Joe DiMaggio #30-A  
Round Rock, TX 78665-3994  
Fax (512) 852-8514

Applicants for TSHP R&E Scholarships are required to have recommendations submitted by persons who are in a position to evaluate the qualifications for scholarship criteria. The recommender should make a frank appraisal of the applicant's character, personality, and potential for success in their pharmacy career.

For the recommender to complete:

I have known the applicant for approximately \_\_\_\_\_ (months) (years). My relationship to the applicant was (or is) in the following capacity:

\_\_\_\_ Faculty Advisor

\_\_\_\_ Employer

\_\_\_\_ Clerkship Preceptor

\_\_\_\_ Supervisor

\_\_\_\_ Other Faculty Relationship

\_\_\_\_ Other (Please Specify \_\_\_\_\_)

I know him/her \_\_\_\_\_ very well \_\_\_\_\_ fairly well \_\_\_\_\_ only casually

Please describe any special attributes of the applicant that you feel helps the candidate meet the scholarship criteria?

Other Comments:

Relative to persons of similar background, training, and interests, how would you rate this applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.

Characteristic Evaluated	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Academic Ability					
Quality of Work					
Written Communication Skills					
Oral Communication Skills					
Leadership Skills					
Industriousness and Perseverance					
Commitment to Professional Practice					
Enthusiasm for life					
Enthusiasm for pharmacy					
Integrity					
Participation in Student Professional Groups					
Participation in extracurricular activities					

Please expand on any of the above topics below or on a separate sheet of paper as needed:

Recommendation concerning scholarship (check one):

- I highly recommend this applicant
- I recommend this applicant
- I am not able to recommend this applicant

\_\_\_\_\_  
Signature of Recommender Date

\_\_\_\_\_  
Name-typed or printed Title and Affiliation

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
E-Mail Address