



Sister Cleopha Scholarship Letter of Reference

Date of Application: _____

Applicant Name: _____

Applicant Department: _____

Your Name: _____

Your Department: _____

Phone Number: _____ Cell (if applicable): _____

Please rate the applicant using the following scale:

4=Excellent 3=Average 2=Fair 1=Poor

1. Commitment to professional nursing excellence	4	3	2	1
2. Involvement with unit or hospital-based committees or projects	4	3	2	1
3. Ability to follow through on projects	4	3	2	1

Comments:

Is there any reason this applicant should not be considered for this award?

No Yes, Explain: _____

Signature

Date