

PERIMETER COLLEGE
Department of Nursing
Scholarship Reference Form

Student Name: _____

Date: _____

Current Nursing Course: _____

The following information provides a brief synopsis of above student's strengths and professional attributes.

Categories	Above Average	Average	Below Average
Clinical Skills			
Applies theory to practice			
Motivation/Independent worker			
Dependability			
Communication Skills			
Punctuality & Attendance			
Team work			

Additional Comments:

Nursing Faculty, Department of Nursing

Date

Faculty and/or clinical nursing staff please send this form via intercampus mail to the Perimeter College Development Office, Decatur Campus, SA2810 or give the completed form directly to the applicant for submission.

**Deadline for clinical recommendations to be received in our office is
Wednesday, April 5, 2017 at 4:00 PM EST.**