

Applicant Number: \_\_\_\_\_  
(Do not write in this box-For Chairman Only))

**Missouri Society of Radiologic Technologists  
Student Scholarship  
Candidate Recommendation Form**

Name of Applicant \_\_\_\_\_

Current Address \_\_\_\_\_

**To the Applicant:**

**Please Read and Sign below.** Enter your name and address above and give this form to the two individuals you have asked to provide an evaluation as part of your application. The recommender should complete the form and return it to you in a sealed envelope. Next, attach these envelopes to your MSRT Scholarship Application when you submit it to the appropriate MSRT Scholarship Committee Chair.

I hereby waive any rights I may have to this recommendation form when completed, and understand the information is confidential and is to be used only in consideration of my application for a MSRT Scholarship Award.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**To the Evaluator:**

Your assessment of the applicant named above will greatly assist the scholarship committee in its decision. Recommendations are an important part of the application process. They represent 25% of the total scoring process. Your time in furnishing this information is appreciated. *After completing this form, place it in an envelope, seal it, and sign the seal.*

**Return it to the applicant by:** \_\_\_\_\_

**Evaluator Information:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
(Please type or print)

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

**Missouri Society of Radiologic  
Technologists  
Student Scholarship  
Candidate Recommendation  
Directions**

*Please refrain from using  
the candidate's name, school  
name, city of residence,  
family member names or any  
other identifier in the  
recommendation form.*

Applicant Number: \_\_\_\_\_  
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**Evaluator 1**

1. Please give your appraisal of the applicant relative to others you have known in a similar capacity by marking the appropriate boxes in the chart below.

	Exceptional	Outstanding	Excellent	Good	Average	Below Average
Intellectual Ability						
Maturity						
Motivation						
Ability to work with others						
Self-Confidence						
Leadership Potential						
Critical-thinking Skills						
Verbal Communication Skills						
Written Comm. Skills						

**On a separate sheet of paper, please type a response to each of the following questions. Please refrain from using the candidate's name, school name, city of residence, family member names or any other identifier in the recommendation form.**

2. How long and in what capacity have you known the applicant?
3. What separates the applicant from their peers that should be considered as making them deserving of this award (e.g. their principle talents or strengths)?
4. Describe the applicant's aptitude for education and career in the radiologic sciences.
5. Is there any additional information concerning the applicant that you feel would be important for the reviewer to know?

Applicant Number: \_\_\_\_\_  
(Do not write in this box-For Chairman only)

**Evaluator 2**

1. Please give your appraisal of the applicant relative to others you have known in a similar capacity by marking the appropriate boxes in the chart below.

	Exceptional	Outstanding	Excellent	Good	Average	Below Average
Intellectual Ability						
Maturity						
Motivation						
Ability to work with others						
Self-Confidence						
Leadership Potential						
Critical-thinking Skills						
Verbal Communication Skills						
Written Comm. Skills						

**On a separate sheet of paper, please type a response to each of the following questions. *Please refrain from using the candidate's name, school name, city of residence, family member names or any other identifier in the recommendation form.***

2. How long and in what capacity have you known the applicant?
3. What separates the applicant from their peers that should be considered as making them deserving of this award (e.g. their principle talents or strengths)?
4. Describe the applicant's aptitude for education and career in the radiologic sciences.
5. Is there any additional information concerning the applicant that you feel would be important for the reviewer to know?