Rich Salick Scholarship Foundation

Letter of Recommendation

To the Applicant: Please type or print the first lines yourself and give to your reference.

Applicant Name: _____

Name of Reference who will complete this form: _____

To the reference: Please rate the applicant with others of the same age and academic level.

Evaluation Criterion	Lower 1/3	Middle 1/3	Upper 1/3	Upper 10%	Upper 2%
Leadership Skills					
Scholastic Ability					
Ethical Accountability					
Community Involvement					

How long have you known the applicant? _____ In what capacity: _____

Please use the rest of this form to evaluate the applicant's suitability as a scholarship recipient,

Title Institution Signature Date

Send To:

Rich Salick Memorial Scholarship

National Kidney Foundation

1040 Woodcock Rd. Ste 119

Orlando, FL 32803