Rich Salick Scholarship Foundation Letter of Recommendation

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					
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tanco la la la la la cola cola cola lora la	wn the applica	nt2 In wh	at capacity:		

Title Institution Signature Date

Send To: Rich Salick Memorial Scholarship National Kidney Foundation 1040 Woodcock Rd. Ste 119 Orlando, FL 32803