**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