

## ASHRM Educational Scholarship Program Letter of Recommendation

Applicant Name:

Your Title:

Relationship to applicant:

\_\_\_Personal    \_\_\_Professional

How long have you known this individual? \_\_\_\_

### Applicant readiness for professional development

To what extent do you agree or disagree with the following statements as they pertain to the individual applying for an educational scholarship with **5 being strongly agree and 1 being strongly disagree**:

	1	2	3	4	5
Receiving a scholarship this year makes sense for this applicant					
The applicant has shown a commitment to developing and growing professionally					
Based on the applicant's trajectory, the applicant will put what they learn into action following their program completion					
The applicant demonstrates financial need, and without support, would not be able to participate in the program.					

### Open ended questions:

If this candidate is selected to participate in the Educational Scholarship program, which three areas could be strengthened by their participation in this program?

Where do you see this applicant utilizing the skills taught in the educational offering?

What is the current position of the applicant, and the applicant's responsibilities as they relate to the risk management/patient safety field?

Please explain why the organization will not provide funding to cover the full cost for the applicant to attend the program (if the organization will cover partial cost the amount should be included).

Please share any additional information you feel the Educational Scholarship Committee needs to know about this applicant:

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Signature (Please type full name)

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Date