



# RAINIER OLYMPIC NURSES ASSOCIATION

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## Rainier Olympic Nurses Assn Scholarship Recommendation Form

Rainier Olympic Nurses Association awards scholarships annually to students who meet the eligibility requirements. Scholarships are awarded based on academic performance, passion for nursing, goals, work experience, volunteer and community involvement, professional activities and a commitment to serving their community. We encourage you to select someone who knows you well and can provide a strong recommendation.

Please type or print neatly. All application materials including all recommendations must be received at the office or postmarked by **February 29, 2024**. While we encourage applicants to send in completed forms with their application, forms can be sent directly. If you have questions about this form, please call the Rainier Olympic Nurses office at 253-572-7337 E-mail by Feb 29, 2024 to: [scholarships@rainierolympicnurses.org](mailto:scholarships@rainierolympicnurses.org)

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

Person Recommending: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Signature of Person Recommending \_\_\_\_\_

1. What is your relationship to the applicant? (Check all that apply)

- Instructor       School Counselor      Name of School \_\_\_\_\_
- Personal/Family Friend (Not a family member)      Other \_\_\_\_\_
- Employer/Supervisor      Name of Business \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. May we contact you for clarification of your comments?  Yes  No Email: \_\_\_\_\_

4. Evaluate the applicant based on the following characteristics by making a check under the appropriate heading. If you're a teacher or employer, please compare with all peers.

	Outstanding	Above Average	Average	Below Average
Academic Motivation & Performance				
Interaction with peers				
Emotional Maturity				
Initiative				
Community Awareness & Involvement				
Passion for Nursing				

