



ASCLS-MN

The American Society for Clinical
Laboratory Science Minnesota

American Society for Clinical Laboratory Science – Minnesota Scholarship

Recommendation Form

Applicant's Name

Last Name

First Name

MI

Maiden (if applicable)

MLS or MLT Program

Home College/

University (if different)

To the Advisor: We would appreciate your assistance in giving us a recommendation which may aid us in helping a deserving student. All information will be kept confidential by the Scholarship Committee.

Please label the file as **ASCLS Scholarship Application-Student Last Name.First and return via email to ASCLSMNScholarship@gmail.com (no later than June 15th). Please put "ASCLS-MN Scholarship Reference" in the subject line.**

Name of Reference:

Email Address:

College/University:

How long have you known this individual?

Years

Months

In what capacity do you know this applicant?

Science Professor

Program Advisor

Program Director

Comments: (You may attach another sheet if necessary)

On a scale of 1-3, **1 being below (less than most students), 2 being average (like most students), and 3 being above average (greater or better than most students)**, please rate the applicant for each category listed below. If a particular question does not apply to your experience with the applicant, check N/A. If you would like to further justify any of your answers at the bottom, please note the category number in the text box below with your additional comments.

1. Punctuality/Attendance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Organizational skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
3. Quality of work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
4. Speed in completing work with accuracy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
5. Performing tasks requiring dexterity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
6. Conformance with rules & regulations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
7. Responsibility and dependability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
8. Initiative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
9. Confidence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
10. Interacts well with others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
11. Cooperativeness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
12. Reacts well to constructive criticism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>

Provide any additional information in the text box.