

S. Rudolph Light Medical Education Scholarship Recommendation Form

To the Applicant If you are currently enrolled as a medical, dental, or nursing student, please fill in your name, address, college ID number, email address and telephone number and have the Dean's Office complete this recommendation. If you have not yet begun course work in a medical, dental or nursing school, you do NOT need to have this form completed.

Name of Applicant: _____
Address: _____
City/State/Zip: _____
Email Address: _____ Phone Number: (____) _____ - _____
Student's College ID #: _____

To the Dean's Office Please complete this form and postmark to the address listed below by July 1.

Kalamazoo Community Foundation
S. Rudolph Light Scholarship Advisory Committee
402 East Michigan Avenue
Kalamazoo, MI 49007-3888
Phone: 269.381.4416
info@kalfound.org

Has the student failed any final written examination? Yes (If yes, please explain) No

Has the student's clinical performance been satisfactory? Yes No (If no, please explain)

Has this student consistently exhibited professional behavior in such areas as responsibility, ethical standards, personal behavior, confidentiality and competence? Yes No (If no, please explain)

Has the student been on academic probation or been dismissed from school?

Yes (If yes, please explain) No

This student is expected to complete degree requirements by: _____

Name of person completing this form: _____

Title: _____ Phone Number: (____) _____ - _____