

**INDIANA UNIVERSITY SCHOOL OF NURSING
HIGH SCHOOL RATING SCALE**

The student named below has applied for a scholarship at the Indiana University School of Nursing. To help the selection committee in their decision making, please complete this form. By signing below, the student has waived his/her right to read this reference.

Student Signature

Student Name _____ Date _____

Place an X in appropriate space	Excellent	Above rage	Average	Below Average	Poor
CAPACITY FOR LEARNING					
WORK ATTITUDE (Enthusiasm and interest in school studies)					
COOPERATION (With Teachers and Students)					
LEADERSHIP QUALITIES (In and out of school)					
RELIABILITY					

Attach a sheet with any comments that would help the selection committee review this student for a possible scholarship.

In your opinion, what are this student's chances of becoming a successful college student?

_____ Outstanding _____ Strong _____ Somewhat strong _____ Not very strong

Name of school representative completing recommendation/Position

School

Signature _____ Date _____

**Return to: Scholarship Committee
Indiana University School of Nursing
1111 Middle Dr., NU 122
Indianapolis, IN 46202**

By May 16