

ALLAN B. ENGEN NURSE SCHOLARSHIP

- RECOMMENDATION FORM -

The North Dakota Long Term Care Association (NDLTCA) will award several \$1,000 Nursing Scholarships in 2020 to assist qualified persons who wish to continue their education and may be interested in careers in long term care. The scholarships are offered in memory of Allan B. Engen, Executive Director of the North Dakota Long Term Care Association from 1979 to 1989.

We appreciate your recommendation of the applicant. Please complete this form and place it in a sealed envelope. **The applicant must return the recommendation form with his/her completed application and supporting documentation in one package to the North Dakota Long Term Care Association office no later than 1:00pm CDT on August 28, 2020. Recommendations mailed separately from application will not be accepted.**

All recommendations must be submitted on the standard recommendation form utilized or the applicant will be disqualified.

Name of Applicant: _____

Name of Recommender: _____

Check appropriate box:

Reference is made by DON Administrator Other (specify) _____

(How many years has the applicant been employed at your facility? _____)

Address of Recommender: _____

Phone Number of Recommender: _____

How would you rate the applicant on the following:

	Low	Average	High	No Opinion
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Long Term Care profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



In the space provided, describe why you believe this applicant would be a worthy recipient of a NDLTCA nurse scholarship. *You may attach a separate sheet, if necessary.*

SIGNATURE

DATE

