ASCENSION SE WISCONSIN HOSPITAL – ELMBROOK CAMPUS
AUXILIARY SCHOLARSHIP RECOMMENDATION FORM
DUE BY MARCH 10, 2027

Name of Applicant: _____

Ascension shall hold the recommendation being requested in confidence.

The above listed associate is applying for the Ascension SE Wisconsin Hospital - Elmbrook Campus Auxiliary Scholarship and has selected you to provide a recommendation. The information you submit will be used in assessing the applicant's qualifications to receive the scholarship.

How long and in what capacity have you known the applicant? _____

_____

How do you feel the applicant rates in the following categories?

	Excellent	**Good**	**Average**	**Poor**	**Unable to Judge**
Ability to organize					
Written communication skills					
Oral communication skills					
Problem solving skills					
Decision making skills					
Ability to work with others					

Recommender's Signature:_____

Title:_____

Address: _____

Phone: _____ Date: _____

Please return to:
Auxiliary Scholarship Committee
Ascension SE Wisconsin-Elmbrook Campus
19333 West North Avenue
Brookfield, WI 53045-4198