

**ASCENSION SE WISCONSIN HOSPITAL – ELMBROOK CAMPUS
AUXILIARY SCHOLARSHIP RECOMMENDATION FORM
DUE BY MARCH 1, 2025**

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?

2. 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