

SHPEP-YES WISH Recommendation Form

Summer Health Professions Education Program (SHPEP)
Youth Enjoy Science (YES) - Weeklong Institute for Students in High School (WISH)

Applicant: Please clearly print your information below before giving the form to the individual submitting your recommendation for this program.

First Name

Middle Initial

Last Name

Phone Number

Email Address

Recommender: Please clearly print your information and answer as many questions as your acquaintance with the applicant permits. If you choose to submit a letter in addition to, or in substitution of this form, it must be printed on official institution letterhead. Please include the first page of this form with your letter to assist with matching it to the correct application.

You can scan and email your recommendation form and letter to aislinn.rookwood@unmc.edu. All recommendations must be received or **postmarked no later than Friday, April 7, 2023**. If you are unable to access email, please mail your recommendation to:

Mailing address: SHPEP-YES WISH
c/o Aislinn Rookwood
984365 Nebraska Medical Center
Omaha, NE 68198-4365

Questions? Call 402-836-9368
Email: aislinn.rookwood@unmc.edu
Hours: Mon - Fri 8 am – 4 pm

Applicant's Official Overall GPA: _____

Reference provided by:

Name _____

School/Company _____

Title/Position _____

Department _____

Email Address _____

((Continued on Next Page))

Please rate the applicant on their attributes and skills below:

	Outstanding	Good	Fair	Poor	Unable to Judge
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General motivation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Imagination/creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what capacity do you know the applicant?

Do you have any concerns about this student's ability to participate in a weeklong program designed to increase his/her exposure to health science careers?

- No. I have no concerns
- Yes. I have concerns about this student

In a separate cover letter, please share what you think is important for us to know about this student and why you are recommending them to attend this weeklong opportunity.

- Be as detailed as possible.
- This is a competitive application for one of 12 available open spots.
- The goal of this program is to strengthen the career development of underrepresented students and improve their access to information and resources that can prepare them for college success in a health-science field.

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Signature _____

Date _____