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# AOTA E.K. WISE SCHOLARSHIP: BUILDING A DIVERSE OCCUPATIONAL THERAPY WORKFORCE

## REFERENCE FORM

### TO BE COMPLETED BY APPLICANT:

**Name:**

**Program:**

Under the federal Family Educational Rights and Privacy Act of 1974, as amended, (PL 93-380) students are entitled to review their records, including letters of recommendation. It is your option to waive your right of access to this recommendation, or decline to do so.

- I waive my right of access to this recommendation.
- I do not waive my right of access to this recommendation.

I hereby authorize \_\_\_\_\_ to complete this recommendation, with the understanding that the information will be kept confidential.

**Applicant's Signature:**

**Date:**

Note. My electronic (typed) signature on this document constitutes my legal signature in accordance with 21 CFR Part 11: Electronic Records; Electronic Signatures Act

**Name of Reference:**

**Title:**

**Organization:**

**Address:**

**Telephone Number:**

**E-mail:**

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## TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION

NOTE: Please DO NOT submit Reference Letters or other attachments. Only this form will be considered by the reviewers.

The student above is applying for the AOTA E.K. Wise Scholarship, and has selected you to provide a reference. Please respond to the following on the applicant's behalf.

1. How long have you known the applicant?
2. How well do you know the applicant?
  - Very Well
  - Fairly Well
  - Not Well
3. In what capacity have you known the applicant?
4. Please speak to the applicant's leadership and volunteer pursuits that you feel are significant in demonstrating the applicant's qualifications, strengths, or accomplishments for being awarded this scholarship:
5. Please indicate the confidence with which you would or would not recommend the applicant for an AOTA E.K. Wise Scholarship:
  - Strongly Recommend
  - Recommend
  - Recommend with Reservations
  - Do Not Recommend

**Signature:**

**Date:**

Note. My electronic (typed) signature on this document constitutes my legal signature in accordance with 21 CFR Part 11: Electronic Records; Electronic Signatures Act

**PLEASE RETURN THIS FORM TO THE STUDENT IN ORDER TO COMPLETE THE APPLICATION PROCESS.**