

**Sport Medicine Council of Alberta**  
**2012 Chris Fleming Memorial Scholarship (AATA)**  
**Letter of Recommendation Form**

**TO THE APPLICANT**

1. Your name, address, and email should be recorded in the space to the right.
2. Forward this form to the referee.

<p><b>REFEREE</b></p> <p>Referee's Name _____</p> <p>Institution _____</p> <p>Department _____</p> <p>Phone Number _____</p> <p>Email Address _____</p>	<p><b>APPLICANT</b></p> <p>Name _____</p> <p>Address _____</p> <p>Postal Code _____</p> <p>Phone Number _____</p> <p>Email Address _____</p>
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**TO THE REFEREE**

1. The above named applicant has asked you to provide a recommendation on his or her behalf, for the Chris Fleming Memorial Scholarship. The due date for receipt of application is March 16<sup>th</sup>, 2012.
  2. Check each item at the point on the scale that best indicates your rating of the applicant as compared to his/her peers.
  3. This form is to be completed by you and should not be made available to the applicant nor will the applicant have access to this completed form.
1. Please allow enough time to post your Confidential Assessment Form by regular mail to: **Sport Medicine Council of Alberta, 11759 Groat Road, Edmonton, AB T5M 3K6, Attn: Scholarship Application Committee** or scan and email Barb Adamson, [badamson@sportmedab.ca](mailto:badamson@sportmedab.ca)

APPROPRIATE RATING	Excellent	Good	Average	Fair	Poor	Unknown
	1	2	3	4	5	6
Analytical Ability	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Scholarly Promise	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Breadth of Knowledge	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Problem-Solving	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Ability for Self-directed learning	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Personal Integrity	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Initiative, Motivation & Perseverance	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Originality & Creativity	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Esteem in which the applicant is held by faculty or other supervisors	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

**Please indicate your overall endorsement of this applicant:**

[ ] Highly Recommend    [ ] Recommend    [ ] Recommend with Reservation    [ ] Do Not Recommend

Is the applicant the type of person who would make a good Athletic Therapist?

[ ] Yes    [ ] No

If no, explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

How well do you feel you know the applicant?

[ ] Fairly Well  
 [ ] Thoroughly  
 [ ] Superficially

To approximately how many students in the past 5 years and at the same level of study are you comparing the applicant?

\_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years, in my capacity as \_\_\_\_\_

\_\_\_\_\_

**Referee's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_