

Recommendation Form

Your candid thoughts and comments will be appreciated by the North Carolina Dental Society Foundation. Please provide an appraisal of the applicant including character, abilities, leadership, and commitment to community. If additional space is needed, please feel free to attach additional comments to this page

The completed recommendation form may be submitted on the NCDSF website using the following [Link](#) or emailed to sdcosta@ncdental.org by 5:00 pm, November 3rd 2023. Recommendations can be provided in a sealed envelope to the scholarship applicant or also be directly mailed to: The North Carolina Dental Society Foundation, C/O Sharon D'costa, 1600 Evans Road, Cary, NC 27513.

Name of Applicant:

Last Name	First Name
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Reference Information:

Last Name	First Name	Middle Initial
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Place of Employment	Title
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Address	City	State	Zip
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Telephone	E-mail
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Recommendation Questions

1. In what capacity do you know the scholarship applicant?

2. What are the first three adjectives that come to mind when describing this applicant?

a. _____

b. _____

c. _____

3. Please explain why the applicant is deserving of a scholarship in terms of the applicant's character, integrity, involvement in his/her community and demonstrated leadership skills

4. Additional comments: Please add any information you feel might assist the Selection Committee in choosing a scholarship recipient
