

For office use only:
Application # _____



ASCLS – HAWAII SCHOLARSHIP PERFORMANCE SHEET

To the Applicant:

Your MLS/MLT Program instructor/ Personal reference – needs to complete this form and email it to hawaiiicls@gmail.com or mail it to ASCLS Hawaii, PO Box 25967, Honolulu HI 96825.

To the Evaluator:

1. Thank you for completing this scholarship evaluation form. Your evaluation has a significant impact on the applicant's chances of receiving a scholarship. Blank sections give the applicant an automatic "0" points. A recommendation letter cannot be accepted in lieu of this evaluation form.
2. Please fully complete Parts I-IV of this form. **PRINT CLEARLY OR TYPE**
3. Do not use the applicant's name on the next page of this form since your evaluation must be blinded for review
4. Provide detailed, pertinent comments, including specific information about the applicant.
5. Email completed form as an attachment to hawaiiicls@gmail.com.
6. OR Seal this form in an envelope and sign your name across the seal. Mail it to ASCLS Hawaii, PO Box 25967, Honolulu HI 96825
7. Must be received by August 31, 2021.

I. EVALUATOR INFORMATION

Name _____
Title _____
E-mail _____
Phone _____

II. MLS/MLT Program (including online programs)

This certifies that _____ is enrolled in a NACCLS
(Applicant)

MLS/MLT program _____
(Name of institution)

Located at _____
(Address) (City) (State) (Zipcode)

The student will graduate from this program in _____
(Month/year)

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III. ASSESSMENT TABLE

Please give us your appraisal of the applicant relative to other students by marking the appropriate boxes in the chart below

	Always	Mostly	Sometimes	Never
This student demonstrates outstanding performance in the clinical and/or didactic setting				
This student has an excellent rapport with patients, peers, and/or staff				
This student is punctual, prepared and attentive				
This student demonstrates excellent critical-thinking skills				

IV WRITTEN EVALUATION:

What separates the applicant from his/her peers as MLT/MT student?

Describe why you would want this student to provide care for your friends or relatives.

Use the space below for additional comments concerning the applicant.

Signature

Date