



AEROSPACE MEDICAL ASSOCIATION SCHOLARSHIP RECOMMENDATION FORM

TO THE APPLICANT

Please complete this entire section of the recommendation form and forward it to an individual who is familiar with your professional and/or educational history. Ask this individual to send the completed recommendation form as a PDF file to jsventek@asma.org or mail the hard copy of the recommendation form to: Aerospace Medical Association, 320 South Henry Street, Alexandria, VA 22314-3579. Faxed recommendations are also acceptable at 703-739-9652. **Recommendations should be received in the AsMA office by the application deadline date.**

Name of Applicant: _____

Name of Individual Completing Form: _____

Application Deadline Date: _____ Today's Date: _____

TO THE RECOMMENDER

Please answer all questions on the recommendation form and forward as a PDF file to jsventek@asma.org or mail the hardcopy to the Aerospace Medical Association, 320 South Henry Street, Alexandria, VA 22314-3579. Faxed recommendations are acceptable at 703-739-9652. Recommendations must be received in the AsMA office by the application deadline date noted above.

SECTION I

The Scholarship Review Committee would appreciate your writing us as fully as you can, stating how well and in what capacity you have known the candidate. We would particularly appreciate your evaluation of the applicant's abilities in aerospace medicine and suitability for a career in this specialty. **A recommendation letter may substitute for this form. However, the information below must be completed and attached to the letter. Please be sure to respond to all questions asked in Section II.**

Recommender's Name: _____

Recommender's Signature: _____

Title: _____ School/Firm: _____

Address: _____ Phone No. _____

City/State/Zip: _____ Date: _____

E-mail: _____

SECTION II

1. How long have you known the applicant and in what connection?

2. What do you see as being the applicant's strengths and talents in leadership and academic excellence?

3. What do you see as being the applicant's commitment to aerospace medicine?

4. Are you aware of previous research interest in aerospace medicine or related fields?

5. Please compare this applicant with other students who pursue postgraduate academic or medical training.

6. Please make any additional comments about the applicant's record, activities in aerospace medicine and related field, long-term potential and personal qualities.