



The Dr. Douglas S. Skura Scholarship Recommendation Form

Instructions and Overview:

The student identified below is applying for the Dr. Douglas S. Skura Scholarship. Your recommendation is required to complete the application. The Dr. Douglas S. Skura Scholarship was created by the Medical Staff of Memorial Hospital in memory of Douglas Stephen Skura, MD. Dr. Skura was the son of a coal miner who encouraged him to pursue a university education after high school. With higher aspirations in mind, he decided to become a physician. After 18 years practicing in Pennsylvania, he and his family moved to Ohio, and he began his career at Memorial Hospital. Dr. Skura was a compassionate Memorial Health team member and devoted physician for over 15 years.

The Dr. Douglas S. Skura Scholarship is intended to defray costs of tuition, lab fees, and text books while working toward the attainment of either a Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.).

Student Name: _____

Please rate the applicant in the following categories using the scale below:

	1 Poor	2	3 Neutral	4	5 Excellent
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

	1 Poor	2	3 Neutral	4	5 Excellent
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Willing to Help Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

	1 Poor	2	3 Neutral	4	5 Excellent
Your overall Recommendation of the Applicant for the Skura Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

How long have you known the applicant? _____

Your Name/Title: _____

Place of Employment: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

Recommendation forms may be emailed directly from the evaluator to skurascholarship@memorialohio.com with the subject line "Skura RF (Student Last Name)". The deadline for your submitted recommendation is March 1 of any year. Supplemental letters of recommendations will not be accepted for review.

Thank you for your assessment.



The Dr. Douglas S. Skura Scholarship Waiver Form

To be completed by the applicant.

Name: _____ Date of Graduation: _____

Name of Individual
Providing Personal Reference: _____ Relationship: _____

Name of Individual
Providing Academic Reference: _____ Relationship: _____

Sign and date one of the following statements:

1. I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C. 1232 g (a) (1), I have the right to read this recommendation.

Applicant's Signature: _____ Date: _____

2. I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature: _____ Date: _____

Please note two recommendation forms are required. Supplementary letters of recommendation **will not be accepted** for review.