

**2012 NBSTSA
Student Scholarship**
PART II. Program Director/Designee



THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

The Sandra Edwards, CST - NBSTSA Scholarship Fund



II: To be completed by the program director or designee.

Last name of applicant _____ First _____

1. Has the applicant's attendance record been entirely satisfactory? Yes No

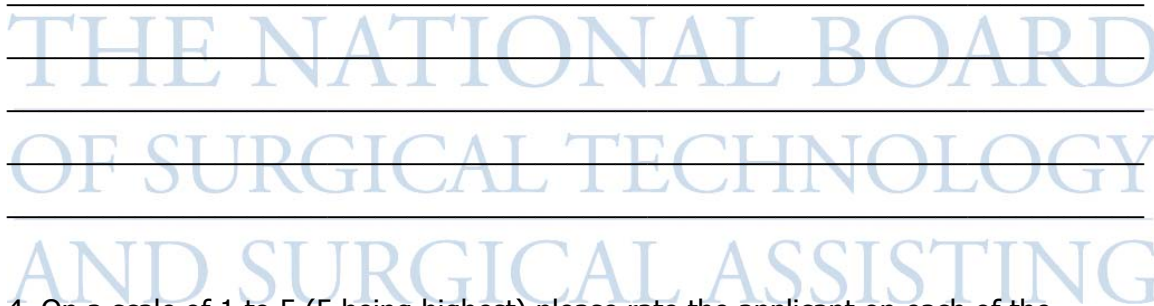
If no, please explain.

2. Please provide an assessment of the applicant's overall performance in the program.

3. Why do you feel this applicant is an optimal candidate for a scholarship award?

4. On a scale of 1 to 5 (5 being highest) please rate the applicant on each of the following:

a) Cooperation	1	2	3	4	5
b) Class Participation	1	2	3	4	5
c) Interpersonal Relationships	1	2	3	4	5

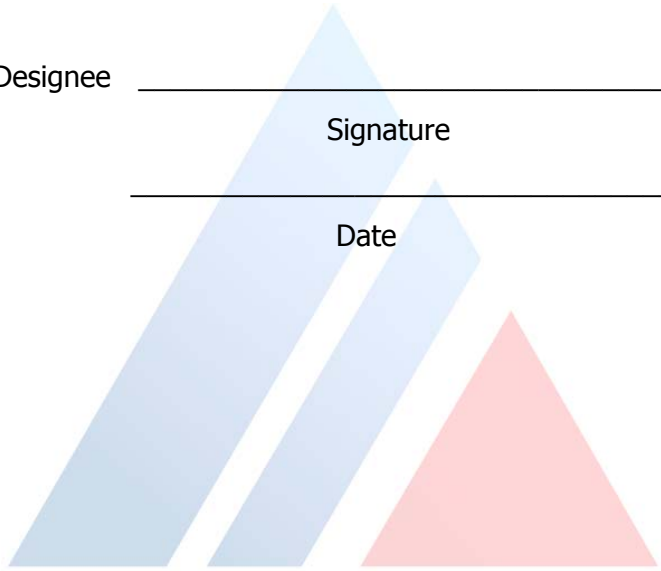


5. Please provide any additional information that may assist in establishing scholarship eligibility for this applicant.

Program Director/ Designee _____

Signature

Date



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