



# Deaconess Hospital Foundation Nursing Scholarship Student Authorization To Release Information

I am presently seeking a scholarship from Deaconess Hospital Foundation. I hereby request and authorize you and your school of nursing to provide the information requested and release you, the faculty, and the school of nursing from any liability resulting there from. All information provided to Deaconess Hospital will be held in confidence.

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Student Name (please print)	Date	Student Signature
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## Student Clinical Performance Evaluation Form To Be Completed By Nursing Instructor

The Clinical Nursing Instructor may fax this completed form per instructions listed at the bottom of this page. Information contained within this document will be kept confidential and will not be disclosed to the scholarship applicant.

**Please Note:** This form is critical to the decision making process for each scholarship applicant. Please take the time to complete all areas of this document.

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School of Nursing	Contact Person/Title
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**Please rate all categories.** Use a scale of 1 to 3 (1 = Unsatisfactory, 2 = Average, 3 = Excellent) to rate the student, *as compared to your other students*, on the following:

_____ Attendance/Punctuality	_____ Attitude	_____ Organizational Skills	_____ Relationship w/Others
_____ Maturity	_____ Teamwork	_____ Integrity	_____ Communication
_____ Initiative	_____ Quality of Work	_____ Bedside Manner	_____ Critical Thinking

Comments/Strengths/Weaknesses: \_\_\_\_\_

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I would recommend this student for a nursing scholarship.  Yes  No

If no, why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature	Title	Date
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Please send this form by April 4, 2025 to Makenzie Davis via email  
Email: [Makenzie.Davis@Deaconess.com](mailto:Makenzie.Davis@Deaconess.com)  
For questions, please call Makenzie Davis, Nursing Recruiter at 812-450-2360.