



## STUDENT RESEARCH AWARD RECOMMENDATION FORM

**THIS FORM IS TO BE COMPLETED IN ADOBE ACROBAT OR SIMILAR PROGRAM**

**Applicant's Name:** \_\_\_\_\_

**TO THE APPLICANT:** You should forward a copy of this recommendation form to two (2) individuals (preferably faculty) who can speak to your academic accomplishments, research activities, overall character, and potential for future impact in the field of hearing loss prevention/hearing conservation.

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**TO THE RECOMMENDER:** The National Hearing Conservation Association Scholarship Foundation (NHCASF) awards merit-based scholarships annually to exceptional graduate students who are working toward a degree in a field associated with hearing loss prevention/hearing conservation (HLP/HC).

The NHCASF Student Research Award is a scholarship given to a student who is conducting research with application to HLP/HC. If the applicant is selected for the scholarship, he/she agrees to present his/her research findings at an upcoming NHCA conference. The award is intended to encourage students and recent graduates to become future leaders in the field of HLP/HC. Only two awards are given per year. Recommendations are a key part of the applicant's dossier.

### GUIDELINES:

1. How well, in what relationship, and how long have you known the applicant?
2. Please describe the following attributes of the applicant:
  - a. Progress in his/her degree program
  - b. Demonstrated academic accomplishment and intellectual ability
  - c. Character, work ethic, initiative, motivation, etc.
  - d. Investment in and enthusiasm for HLP/HC, including likelihood of becoming a leader in the field of HLP/HC
  - e. Potential to make a significant contribution related to HLP/HC in society
  - f. Any other information that you feel will be useful to the awards committee
3. Please describe the applicant's research project, including:
  - a. The type of project (thesis, dissertation, capstone, other)
  - b. The applicant's role in the research project
  - c. Your role in relation to the research, if any
  - d. The significance and potential application of the research
4. Recommendation summary

**SHARING THE CONTENTS OF YOUR RECOMMENDATION  
WITH THE STUDENT IS AT YOUR DISCRETION**

**FOR YOUR SIGNATURE SIMPLY TYPE IN YOUR NAME**

**PLEASE COMPLETE THIS FORM NO LATER THAN:**

**AND EMAIL TO:**

**Applicant's Name:** \_\_\_\_\_

Recommender's Signature (*type*): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name, Credentials, and Position:

Office Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_