

# San Antonio AORN Chapter 4409 Scholarship Applicant Evaluation Form

Applicants name: \_\_\_\_\_

Length of time you have known this person: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Please rate applicant in each of the following areas using the scale provided:

1. Poor      2. Below Average      3. Average      4. Above Average      5. Excellent

Category	1	2	3	4	5	Comments
Professionalism						
Attitude						
Flexibility						
Perioperative skills and performance						
Dependability and attendance						
Communication skills						
Rapport with other team members of the health care team/students						
Participation in professional organizations (List)						
Able to identify needs and takes initiative to implement projects						
Demonstrates patient care and safety						

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Evaluators name and credentials: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Evaluators Contact Information (phone, address,  
email: \_\_\_\_\_  
\_\_\_\_\_