



FELLOWSHIP RECOMMENDATION FORM

Applicant's Name:

admissions@wearehames.com

(732) 630-5990

To the recommender: The above named is applying for a fellowship with the High School Association of Medical Engineers & Scientists, Inc. (HAMES), a prestigious organization that provides talented students with genuine medical and clinical opportunities. The information you provide will greatly aid in the selection process. All the information is kept confidential. Please complete this form and return it directly to the HAMES Admissions Committee for consideration.

Please rate the applicant in the following categories:

	High		Average		Poor		
	5	4	3	2	1		
Natural Ability	5	4	3	2	1		N/A
Work Ethic	5	4	3	2	1		N/A
Perseverance	5	4	3	2	1		N/A
Dependability	5	4	3	2	1		N/A
Honesty	5	4	3	2	1		N/A
Leadership	5	4	3	2	1		N/A
Teamwork	5	4	3	2	1		N/A
Communication	5	4	3	2	1		N/A

Additional Information/Notes:

Recommender's Name

Recommender's Role

Recommender's Phone