

University of Hawai'i at Mānoa  
HEALTH CAREERS OPPORTUNITY PROGRAM (HCOP) – HIGH SCHOOL 2011

LETTER OF RECOMMENDATION

NAME OF APPLICANT: \_\_\_\_\_  
Last First Middle

E-MAIL ADDRESS & PHONE CONTACT INFORMATION OF APPLICANT:

\_\_\_\_\_

E-mail Address

Home Phone

Cell Phone

NAME OF RECOMMENDER: \_\_\_\_\_  
Last First Middle

**TO THE APPLICANT:** Please read and complete the section below about your right to see this letter of recommendation. **One** letter of recommendation is required from a teacher (preferably a health/science teacher) or counselor. This person should be able to accurately comment on your academic qualifications and potential to succeed in the Health Careers Opportunity Program. Deliver or mail this form to the person who will write your recommendation. Ask the individual to complete this form, and to send it directly to HCOP's address by **Monday, April 4, 2011**.

The Family Educational Rights and Privacy Act of 1974 entitles students to have access to letters of recommendation in their permanent record. The University of Hawai'i provides students access to their educational records and assures confidentiality of such records except as permitted by the regulations or authorized by the student. Applicants may choose not to reserve their right to access, in which case letters of recommendation will be considered *confidential* and *not* be available to the student. The following statement indicates the wish of the applicant regarding this letter of recommendation.

\_\_\_\_\_ I reserve my right of access to the contents of the following recommendation.

\_\_\_\_\_ I do not reserve my right of access to the contents of the following recommendation.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**TO THE RECOMMENDER:** Personal references are an integral part of the selection process and are carefully reviewed. It will assist us in selecting individuals whose personal attributes and abilities indicate that they have the potential to be a competent, compassionate health care professional. We appreciate your candid assessment of the applicant.

1) How long have you known this applicant and in what capacity? How frequent is/was your interaction with the applicant?

2) What are the applicant's **strengths**, particularly as it applies to the study and practice of a health career?

3) What **challenges** does the applicant face, particularly as it applies to the study and practice of a health career?

4) Please comment on the following attributes of the applicant:

- ◆ **Academic Competence:** Demonstrates general academic achievement, especially in reading and writing skills.
- ◆ **Need:** From a socio-economically and/or educationally disadvantaged environment.
- ◆ **Maturity:** Responsible, reliable, able to work with others.
- ◆ **Motivation:** Level of desire and perseverance to pursue a health career; work or volunteer experience.
- ◆ **Humanism:** Desire to help others, compassion, warmth, sincerity, empathy, nurturing nature.
- ◆ **Leadership:** Successful leadership experience(s); evidence of influencing others (e.g., in sports, church, clubs).
- ◆ **Communication Skills:** Expresses ideas and opinions clearly, listens attentively with the ability to provide and accept constructive criticism.
- ◆ **Commitment to Serve In Areas of Need:** How committed is the applicant to return to the community to provide health care services? Has the applicant provided volunteer services to areas of need?

5) Compared with other students, please evaluate the applicant's potential to succeed in the Health Careers Opportunity Program.

6) Overall recommendation for admission into the Health Careers Opportunity Program:

- Strongly recommend     Recommend     Recommend with reservations     Do not recommend

Recommender's Signature: \_\_\_\_\_

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Recommender's Name (please print): \_\_\_\_\_

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

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please mail or fax this form directly to the Health Careers Opportunity Program by the postmark deadline of **Monday, April 4, 2011**. Please do not give it to the applicant to submit.*

**University of Hawai'i at Mānoa**  
**Student Equity, Excellence & Diversity Department (SEED)**  
**Health Careers Opportunity Program (HCOP)**  
**2600 Campus Road • QLCSS, Room 413 • Honolulu, HI 96822**  
**Phone: (808) 956-4796 • Fax: (808) 956-9240 • Email: [hcop@hawaii.edu](mailto:hcop@hawaii.edu)**  
**Web site: <http://www.hawaii.edu/diversity/HCOP/index.htm>**  
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