

PART 3: INSTRUCTOR'S SECTION

Foundation for Surgical Technology Instructor Reference Form

To be completed by the surgical technology program instructor. Please print or type.

Last name of applicant _____ First _____ Middle _____

School Accreditation Code # _____

Trait	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Accountability				
Attendance				
Attitude				
Class Participation				
Cooperation				
Conduct				
Effort				
Emotional Control				
Interpersonal Skills				
Professionalism				
Reliability				
Teamwork Skills				
Work Ethic				

Is the student's attendance in the surgical technology program dependent upon financial assistance?

Briefly provide any additional information regarding this candidate that you think should be considered.

Instructor's Name (Please print) _____

Instructor's Signature _____ Date _____

Instructor: Mail entire application in student-supplied envelope to Scholarship, The Foundation for Surgical Technology, 6 West Dry Creek Circle, Littleton, CO 80120, or email entire application (Parts 1, 3 and 4) to scholarships@ast.org.