



Sir Alexander Fleming Scholar Program Recommendation Form

**Application
Deadline
February 1**

Student's Last Name _____ First Name _____ Middle Name _____

Your Last Name _____ First Name _____ Title _____

Please return **THIS FORM AND** a typed **RECOMMENDATION LETTER** on your school's or organization's letterhead and include your contact information in case questions arise. Please submit these items via one of the below options:

- Directly to the applicant so he/she can submit it with his/her application
- Scan and e-mail to **courtney-stevens@omrf.org**
- Mail to: Fleming Scholar Program, Oklahoma Medical Research Foundation, 825 NE 13th Street, Oklahoma City, OK 73104, 405-271-7434 (for overnight delivery forms)

How long have you known the applicant and in what capacity? _____

PLEASE RANK THE STUDENT NAMED ABOVE REGARDING THE AREAS LISTED BELOW:

	Truly Outstanding (Top 1-2%)	Superior (Top 10%)	Good (Top 25%)	Fair (Top 50%)	Below Average (Bottom 50%)	Insufficient Information to Evaluate
Scientific creativity						
Creativity						
Problem-solving skills						
Initiative						
Works independently						
Organizational ability						
Work ethic						
Works well with others						
Motivation						
Self-discipline						
Self-confidence						
Emotional maturity						
Frustration tolerance						
Judgment						
Honesty and integrity						
Concern for others						
Rapport with peers						
Rapport with adults						
Decision-making skills						
Social maturity						

Please submit this form along with a recommendation letter.