

School of Allied Health

Student Clinical Excellence Award Application Checklist

Deadline → April 1st

Please type or print legibly

Name: _____
Contact
Information: _____

INITIALS

CRITERIA

- _____ A letter of recommendation from a faculty member
- Recommendation from a patient / client
OR
- _____ Recommendation from agency leader / clinical preceptor
- _____ Personal statement (not to exceed 750 words)
- _____ Current transcript
- _____ Current resume'