

LETTER OF RECOMMENDATION for HRSA BHWET STIPEND

STUDENT NAME: _____
(Please print or type name)

The above-named student has given your name as someone who can provide information regarding his or her qualifications to receive a stipend to further their education in the behavioral health field through the graduate social work program at Metropolitan State University of Denver. If granted this stipend, the student will receive additional training related to working in this field and will be obligated to work in an approved agency that focuses on interdisciplinary behavioral health care which provides services to children, adolescents, and/or transitional age youth in rural and medically underserved areas for a period of 12 months post- graduation. **Please comment specifically on the student's suitability for practice in the behavioral health field.**

Name: _____ Date: _____

Organization: _____ Position: _____

Email: _____ Phone #: _____

Address: _____

How long have you known this student? _____

In what capacity? _____

Please check, or circle:

1. In my opinion, this student's ability to handle the demands of the behavioral health field (substance abuse and/or mental health) is:

Excellent				Not Recommended
1	2	3	4	5

Comments:

2. In my opinion, this student's ability to work with diverse medically underserved populations who may be in need of behavioral health services is:

Excellent

Not Recommended

1

2

3

4

5

Comments:

3. Please submit a brief narrative outlining the student's strengths and areas in which they could further develop, specific to professionalism, clinical skills, academic achievement, or other areas you wish for the stipend selection committee to consider. Please attach a typed narrative if more space is required.

Signature: _____ Date: _____

Please return this form to the student so they may include it in their application packet

All recommendation letters must be received by 5:00 pm on Friday, March 8, 2024