

Health Careers Partnership Program (HCPP) Recommendation Form

Student's Name:					
School:				I give	
my permission for this reference	e to remain confiden	tial between the Wester	n Michigan University	Homer Stryker, M.D.	
School of Medicine HCPP prog	ram staff and the rec	commender.			
Applicant's Signature:	Date:				
RECOMMENDER:					
The student named above is app	olying to the Health	Careers Partnership Pro	ogram (HCPP). HCPP j	provides Kalamazoo	
Promise students who have con	pleted the Early Int	roduction to Health Car	eers (EIH) program, w	ho are entering into	
undergraduate studies at WMU	, K- College and/or I	Kalamazoo Valley Com	munity College. The pr	rogram will enhance	
their skills for preparation for n	ext level education a	and keep them in the hea	alth careers pathway (p	ipeline). The objective	
of this program is to provide an	opportunity to stude	ents from socioeconomic	c and educationally disa	advantaged backgrounds	
as well as students from commu	nities underrepresen	ted in medicine.			
Recommender Name:					
Title:					
School:					
Signature:			_ Date:		
Email:		Telephone:		·	

Attributes	Poor	Average	Above Average	Superior
Time on Task				
Self Confidence/Poise				
People Skills				
Attitude				
Academic Ability				
Leadership Skills				
	Rarely	Sometimes	Frequently	Always
Punctual				
Fulfills Commitments				
Shows Responsibility				
Shows Initiative				
Demonstrates Maturity				

Any additional information that may be helpful in our selection process:					

The deadline for receipt of application and supporting materials is February 4, 2022 Forward all paperwork and materials electronically to candace.moore@med.wmich.edu You may give this recommendation back to the student to submit as well.

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