

Trinity Health Foundation Nursing Scholarships

Recommendation

Name of Applicant _____

Address of Applicant _____, Iowa
(Street/City) (Zip)

Note to writer: Scholarships are awarded based on academic merit and financial need as well as qualities of good citizenship and high moral value. For this reason, the Foundation especially needs your aid in evaluating the applicant. We shall be grateful for the assistance you will be giving the applicant and us.

Statement concerning the applicant's general ability, personality, and character:

(Signature)

(Title, Position, Occupation)

(Employer's Name & Address)

(Date)

Please return to:
Trinity Health Foundation
802 Kenyon Road
Fort Dodge, IA 50501

Deadline: March 15th annually