

**MERCY MEDICAL CENTER AUXILIARY
NURSING SCHOLARSHIP**

A Scholarship Program of the Siouxland Community Foundation

APPLICANT RECOMMENDATION FORM

Application Deadline: February 15

Two recommendations are required, please indicate which recommendation you are completing for the applicant:

- faculty member or someone familiar with the applicant's clinical experiences and nursing capabilities
- adult community member (not a family member) familiar with you in a non-nursing setting.

1. Name of Applicant: _____

2. How long have you known the applicant? _____

3. How are you acquainted with this applicant? _____

4. Please describe the applicant's character, ambition to succeed, academic and leadership abilities.

5. Please add any information which you feel might assist the selection committee.

Name _____

Title _____

Address _____

Telephone () _____

Signature _____

Date _____

Please upload completed recommendation form to the student's online application.