



Scholarship & Award/Loan Program Recommendation Form

Thank you for taking the time to complete the *Scholarship & Award/Loan Program Recommendation Form*. Please answer the question below being specific and candid. The insight you provide will be an important factor in the applicant's evaluation. Your comments will be available only to those individuals involved in our scholarship process and will not be viewed by the applicant.

Please complete the form and return to the La Porte Hospital Foundation via mail or email by March 19, 2010.

**La Porte Hospital Foundation
P.O. Box 250
La Porte, IN 46352-0250
email: laportehospitalfoundation@lph.org
website: www.laportehospitalfoundation.org/foundation/scholarships
phone: (219) 326-2471 or toll free (877) 265-4539**

Name of applicant: _____

Name of individual completing form: _____

Position /Title: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

How long you have known the applicant: _____

Under what circumstances have you known the applicant: _____

Please discuss the applicant's most outstanding talents/characteristics and chief liabilities/weaknesses related to a successful academic and healthcare career? (Please attach additional pages if needed.)

Signature

Date

**MUST BE RETURNED BY
MARCH 19, 2010**