



## 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](mailto:laportehospitalfoundation@lph.org)  
website: [www.laportehospitalfoundation.org/foundation/scholarships](http://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**