

**ALEXANDRA SCHENCKING MEMORIAL NURSING SCHOLARSHIP  
RECOMMENDATION FORM**

**Section 1: To be completed by applicant:**

The ALEXANDRA SCHENCKING MEMORIAL NURSING SCHOLARSHIP COMMITTEE has received an application from:

Name of Applicant \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

This applicant desires a scholarship for the purpose of continuing studies at:

\_\_\_\_\_, \_\_\_\_\_  
Name of University or School City and State

**Section 2: To be completed by recommender:**

In order for the committee to gain further facts relative to the applicant's character and reputation, we would appreciate an immediate reply to the following (all information will be held confidential). Please feel free to use the back of this form for any additional information you consider helpful.

What is the applicant's reputation for being:

Ambitious \_\_\_\_\_

Energetic \_\_\_\_\_

Honorable \_\_\_\_\_

Studios \_\_\_\_\_

Would you recommend the committee award a scholarship to this person? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give any other information about the applicant that you believe would assist the committee in making a decision. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, \_\_\_\_\_  
Full Name (Please print) (Area Code) Telephone number

\_\_\_\_\_, \_\_\_\_\_  
Street Address City State, Zip Code

Thank you for taking the time to complete this form. Please send this form directly to this year's secretary:

**This form MUST be received by the Secretary of the Scholarship Committee, and postmarked NO LATER THAN APRIL 25<sup>th</sup>, DO NOT RETURN THIS FORM TO THE APPLICANT.**