THE MISSION BELLES **NURSING EDUCATION FUND** SCHOLARSHIP RECOMMENDATION FORM 2024 - 2025



For RN Students graduating between December 2024 and August 2025



All information is strictly confidential.

Please print/type the following information or attach recommendation letter to submit. This recommendation form is to be sealed in an envelope with the back flap signed by the individual submitting the recommendation. Recommendations must be received by or before May 31, 2024 or postmarked no later than May 31, 2024.

Infor	rmation of Person Recommending	
Nam	ne of student requesting recommendation	
Nam	ne of person recommending	
Emai	il of person recommending	
Place	e of employment of person recommending	
Job 1	Title Address	
City_	StateZipPhone	
Reco	mmendation Questions	
-	How long have you known the applicant and in what professional or person	nal context?
•	Why do you think the applicant should be considered for a Mission Education Fund Scholarship?	
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Describe your personal knowledge of the applicant's community service or activacademic achievements and/or anticipated career goals.						

Instructions

Put this completed form and your typed or printed comments in an envelope. Seal and sign the back flap as shown in the illustration below.



Return the sealed and signed envelope directly to the student or mail to PHF Mission Belles Nursing Scholarship Committee, C/O Pisgah Health Foundation, PO Box 2440, Brevard, NC, 28712

Student reminder - All supporting forms, including this recommendation, must be submitted in accordance with the scholarship program postmark deadline of May 31, 2024