The Faculty Recommendation Form is to be used with the following scholarships only:
1. Genevieve Burcham Memorial Scholarship
2. Margy Burgess Peterson Memorial Scholarship
3. Phyllis Carr Nursing Scholarship
4. Frances Eakman Scholarship
5. George and Laurine Harris Scholarship
6. Mary Johnson Mattfeldt Scholarship
7. Montana Deaconess Alumni Scholarship

Submit to: THE CAMPUS SCHOLARSHIP REPRESENTATIVE NO LATER THAN DECEMBER 1st

NAME OF SCHOLARSHIP: ____________________________________________________________

STUDENTS NAME: ________________________________________________________________

MAILING ADDRESS: ______________________________________________________________

COUNTY OF RESIDENCE: __________________________________________________________

STUDENT ID NUMBER: ________________ CURRENT YEAR IN NURSING PROGRAM: _______

CUMULATIVE GPA/CREDITS from transcript provided: _________________________________

Direction:

Faculty: Please submit a one page letter that addresses the following:
1. Discuss academic achievements and GPA
2. List 2-3 other attributes or achievements
3. Mention the student’s college/university/community involvement
4. Describe financial need (if known)

SUMBITTED BY: _________________________________________________________________

CAMPUS: ___________________________ DATE: ___________________________