

# 2016 Searcy Family Health Professions Scholarship

## LETTER OF RECOMMENDATION FORM

*The Searcy Family Health Professions Scholarship was endowed by a generous donation from the Searcy family to provide annual scholarships for nurses and allied health student employees of Seton Medical Center Hays. Applicants must: currently be enrolled in undergraduate or graduate programs at a University of Texas System school, Austin Community College, or Texas State University, in a healthcare or healthcare-related field - OR - be a graduate of one of those schools, currently enrolled in a healthcare or healthcare-related field of study at another college or university. Applicants also must: either be employed by Seton Medical Center Hays since at least August 2015 or be completing clinical training at Seton Medical Center Hays. The purpose of the scholarship is to support the recipients' pursuit of the education needed to enter, or advance in, the healthcare field.*

Thank you for taking the time to provide a letter of recommendation for a Seton associate. **Please note that letters of recommendation often weigh heavily in the decision making process of our Selection Committee.** Your thoughtful responses to the questions below will help provide valuable insight about the applicant to our 2016 Searcy Family Health Professions Scholarship Selection Committee.

**Please email your letter of recommendation via attachment to [dwaggoner@seton.org](mailto:dwaggoner@seton.org) by 3pm on Monday, October 17, 2016.**

**Failure to meet this deadline will result in an incomplete application and disqualify the applicant from consideration.**

Name of applicant: \_\_\_\_\_

Your name: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your day-time phone number: \_\_\_\_\_

Are you the applicant's supervisor?  Yes  No

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

Why do you think the applicant is or will be a good representative of their chosen healthcare field?

Why do you think the applicant is deserving of a scholarship?

What about the applicant's life shows commitment to the Seton Healthcare Family's Mission and Values?

**I hereby certify that the information set forth in this letter of reference is true and complete to the best of my knowledge.**

**Date:** \_\_\_\_\_

**Thank you.** The information you have provided will be kept confidential among the members of the Searcy Family Health Professions Selection Committee and the teams that administer and support the Searcy Family Health Professions Scholarship Application program.