

# Donald E. Pizzini Memorial Nurse Scholarship Program

## Montana Health Care Association Scholarship Foundation

36 S. Last Chance Gulch, Suite A • Helena, Montana 59601

Phone: 406 443 2876, Ext 2 • Fax: 406 443 4614 • Email: [rsimmons@rmsmanagement.com](mailto:rsimmons@rmsmanagement.com)

## RECOMMENDATION FORM

### To the Recommender:

The Donald E. Pizzini Memorial Nurse Scholarship Program is designed to facilitate the development of a nursing workforce to meet current and future demands of the long term care industry.

Scholarships of up to \$1,500 will be awarded to students who best exhibit the following attributes:

- a) Academic achievement
- b) Health care and/or long term care involvement\*
- c) Enthusiasm or passion for a career in nursing\*

\*Preference will be given to those with a demonstrated interest in geriatric/long term care nursing.

Applicants are required to submit two confidential letters of recommendation from individuals familiar with the applicant, such as teachers, mentors, or employers who can discuss the applicant's scholastic potential, personal qualities, and enthusiasm or passion for the nursing profession. Recommendations from family members of the applicant will not be accepted.

Please complete this form, keeping in mind this applicant's qualification for the scholarship based on the three qualities mentioned above.

If returning a hard copy, please place your recommendation in an envelope and sign your name across the sealed envelope flap and return the completed recommendation form either to the applicant or mail it directly to MHCA Scholarship Foundation, 36 S. Last Chance Gulch, Suite A, Helena, MT 59601. You may also email to a saved electronic version of this fillable pdf to [rsimmons@rmsmanagement.com](mailto:rsimmons@rmsmanagement.com).

We appreciate your taking the time to complete this recommendation on behalf of the applicant.

Applicant Name

Recommender's Name

Title

Relationship to the Applicant

Recommender's Phone Number

Email Address

How long and in what capacity have you known the applicant?

Why should the applicant be considered for this scholarship?

How has the applicant shown an interest in health care, long term care and/or nursing?

What qualities does the applicant have which indicate an ability to succeed in the nursing field?

Other information about the applicant that you feel may be pertinent to this application:

---

***Recommender's Signature***

*November 2021*

---

***Date***