



Iowa Specialty
Hospitals & Clinics

Reference Letter for Summer Intern Program:

Name of Applicant: _____

Relationship to Applicant:

_____ Clergy _____ ISH Employee _____ Teacher _____ Coach _____ Counselor

Briefly describe the applicant's qualities and characteristics:

Printed name of person completing recommendation: _____

Signature of person completing recommendation: _____

Please email or mail reference letter to Reba Zeller

Emailed to: reba.zeller@iaspecialty.com

Mailed to: Iowa Specialty Hospital & Clinics

Attn: Reba Zeller

1316 South Main Street

Clarion, IA 50525