



Specializing in You

Letter of Support and Recommendation

Name of Applicant: _____

Program: Iowa Specialty Hospital Summer High school Volunteer Intern program

Dates of Program: Summer 2021 8 week program June 7th- July 30th.

Relationship to Applicant: Clergy ISH employee Teacher Coach Counselor

Briefly describe characteristics you feel the applicant demonstrates:

Printed name of person completing recommendation: _____

Signature of person completing recommendation: _____

*Thank you for completing this letter of recommendation.

You may email a copy of this form to HSIntern@iaspecialty.com, mail, or drop off at any Iowa Specialty Hospital and Clinic campus, attention: Robyn Paulsen