



# Summer Medical Institute

## Student Application: Personal Recommendation Form

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Your Name: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Your occupation (include degrees/specialties where applicable): \_\_\_\_\_

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*Please write a brief letter of recommendation below explaining why you think this applicant would benefit from the Summer Medical Institute and why this applicant should be selected as one of this year's participants. If using your own letterhead, please provide the same information asked for above. Thank you for helping this applicant in this manner.*

Send recommendations to:  
The Summer Medical Institute: Valley Baptist Family Practice Residency, 2222 Benwood St, Harlingen, TX 78552  
Phone: 956-389-2448 Fax: 956-389-2498 Email [familypractice@valleybaptist.net](mailto:familypractice@valleybaptist.net)