



Hinds Community College

Foundation Scholarship

Recommendation Form

Applicant/Student's Full Name: _____ Student ID: _____
(Please Print) First – Middle Initial - Last Name (if known at this time)

Applicant/Student's Address: _____
Street City State Zip

Please complete the following evaluation based on your knowledge of the applicant's abilities in the specified categories:

COMMUNICATION SKILLS	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
ATTENDANCE RECORD	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
WORK HABITS	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
INTEGRITY	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
RELIABILITY	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
COOPERATION	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
OVERALL CHARACTER	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
COMMUNITY/SCHOOL INVOLVEMENT	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
FINANCIAL NEED	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known

Please feel free to provide additional comments in the space below about why you believe this student is a good candidate to receive a scholarship to attend Hinds CC?

I give the individual identified below permission to release recommendation information to Hinds CC on my behalf.
 I do waive ___do not waive ___my right to see letters of recommendation submitted on my behalf.

Signature of Student _____ Date _____

Name (print/type) _____ Title _____

How long have you known the applicant? _____ Relationship _____

Email _____ Phone(s) _____

Signature _____ Date _____

Please return this form to the student or submit directly to Enrollment Services, P. O. Box 1100, Raymond, MS 39154-1100; or deliver Fountain Hall, Raymond Campus. Students: ALL Foundation Scholarship requirements must be received by February 15.

In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice President for Administrative Services, 34175 Hwy. 18, Utica, MS 39175, 601.885.7002; Dr. Tyrone Jackson, Associate Vice President for Student Services & Title IX Coordinator, Box 1100, Raymond Campus (Denton Hall 221), Raymond, MS 39154, 601.857.3232, titleIX@hindscc.edu.