



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 to First Floor, Fountain Hall, Raymond Campus. All information must be received by March 1.