



Foundation Scholarship Recommendation Form

Applicant Name _____ Hinds ID _____
Please Print: First, Middle, and Last Name

Applicant 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 provide additional comments regarding why you believe this student is a good candidate for the Foundation Scholarship at Hinds Community College. You may also type a response if more space is needed.

I give permission to the Recommender below to release information to Hinds CC on my behalf. I _____do waive _____do not waive my right to see recommendations submitted on my behalf.

Student Signature _____ **Date** _____

Recommender's Name (print) _____ **Title** _____

How long have you known the applicant _____ **Relationship to Applicant** _____

Email _____ **Phone(s)** _____

Recommender's Signature _____ **Date** _____

Please return this form to the student, email to scholarships@hindsc.edu, mail to Enrollment Services, P.O. Box 1100, Raymond, MS 39154, or hand-deliver Fountain Hall, Raymond Campus.

ALL Foundation Scholarship requirements must be received by February 15.

Notice of Non-Discrimination Statement: 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 person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Tyrone Jackson, Vice President for Utica Campus and Administrative Services and District Dean of Student Services & Title IX Coordinator, Box 1003, Utica, MS 39175, Phone: 601.885.7002 or email: titleIX@hindsc.edu