

**HALIFAX COMMUNITY COLLEGE FOUNDATION INC.**

**Scholarship Recommendation Form**

Please return the completed recommendation form in a **sealed envelope** addressed to:

HCC Foundation Inc.  
100 College Drive  
PO Drawer 809  
Weldon, NC 27890

All recommendation forms will remain confidential. For more information, please contact the HCC Foundation Office at 252-536-7234. Thank you!

Full Name of Scholarship Applicant:	
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On a scale of 0 to 5, with 5 being the highest, please rate the scholarship applicant on the following criteria:

<b>Criteria</b>	<b>Rating</b>	<b>Comments required for rating of 5</b>
Academic Ability		
Attitude and Disposition		
Character and Citizenship		
Community Service and Volunteerism		
Leadership Ability		
Level of Financial Need		
Professionalism		

Full Name of Person Making Recommendation:	
Relationship to Scholarship Applicant:	
Length of Time You Have Known Applicant:	
Mailing Address:	
City, State, Zip:	
Telephone Number:	

\_\_\_\_\_  
Signature of Person Making Recommendation

\_\_\_\_\_  
Date