

FATHER GEORGE HADJIS MEMORIAL SCHOLARSHIP

TEACHER/COUNSELOR RECOMMENDATION FORM

NAME OF STUDENT _____

How long have you known this applicant? _____

In what capacity? _____

Do you feel that this applicant is scholastically able to complete his/her college goal? Please explain briefly _____

What is his/her greatest strength? _____

What is his/her greatest weakness? _____

What honors or awards has he/she received? _____

Do you recommend this applicant for the FATHER GEORGE HADJIS MEMORIAL SCHOLARSHIP sponsored by the Philoptochos Society of St. John the Baptist Greek Orthodox Church? Please explain

How would you rate his/her degree of qualifications?

____ Superbly Qualified ____ Well Qualified ____ Qualified

Signature _____ Position _____

Please mail this confidential report directly to:

Father George Hadjis Memorial Scholarship
c/o Connie Adraktas- Zepeda
6380 Gallal Way Yorba Linda, CA 92887
E-mail: cjzepeda@sbcglobal.net

Deadline: All materials must be postmarked by Tuesday April 30, 2019.

All information submitted to Scholarship Committee will remain confidential.