

**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](mailto:cjzepeda@sbcglobal.net)

**Deadline: All materials must be postmarked by Friday April 30, 2021.**

*All information submitted to Scholarship Committee will remain confidential.*