

FATHER GEORGE HADJIS MEMORIAL SCHOLARSHIP

TEACHER/COUNSELOR RECOMMENDATION FORM

NAME OF STUDENT _____

How long have you known this applicant? _____

In what capacity? _____

Do you believe that he/she is reliable? _____

Is he/she accepted by his/her peers? _____

Does he/she respect authority? _____

Do you feel that this applicant is scholastically able to complete his/her college goal? If not, 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?

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 Christine Pappas 859 S. Parkglen Place
Anaheim, CA 92808
E-mail: pappascg1@gmail.com

Deadline: All materials must be postmarked by Monday, May 15, 2017.

All information submitted to Scholarship Committee will remain confidential.