

**Henry County Community Foundation, Inc.
Lilly Endowment Community Scholarship**

Recommendation Form

Name of applicant

The above named student is applying for the Henry County scholarship. Your recommendation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. All recommendations are held in strict confidence and the information you provide will not be released to the applicant. Please complete this form and give it to the applicant in a sealed envelope so it can be included in the application packet.

What is your relationship with the applicant?

How long have you known the applicant?

Do you think the applicant has the ability and determination to complete his/her educational objectives and why do you think that?

Please rate applicant in the following categories: *Excellent, Very Good, Average, Below Average, Poor, Unknown*

Scholastic Achievement

Personality

Cooperation

Work Habits

Perseverance

Ability to set Realistic Goals

Character

Accepts Responsibility

If you have additional information that you feel would be helpful to the committee during our deliberation, please feel free to attach an additional sheet for these comments.

Signature of reference:

Printed Name and Title

Date:
