

**Sandhills Community College
Scholarship Program
Faculty/Staff Recommendation**

Faculty/Staff: Please return this form directly to the Financial Aid Office

**Sandhills Community College
Financial Aid Office-Scholarships
3395 Airport Road
Pinehurst NC 28374
910-695-3726**

Student: Complete down to the dotted line and give to the recommender.

Name of faculty/staff member making recommendation: _____

(High School applicants may select faculty/staff from their respective schools.)

Name of student applicant: (Print) _____ Student Signature _____

Student's ID Number: _____

Current or Intended Degree Program at SCC: _____

Deadline for Applications: February 27, 2009

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Recommender:

Please indicate the length of time you have known this student and the nature of the relationship you have had with him/her:

Do you recommend this applicant as a recipient of a scholarship? ___ Yes ___ No

Please explain the reasons for your recommendation:

Please return directly to the Financial Aid Office
At Sandhills Community College (address above)

Faculty/Staff Member's Signature

Date

School or Organization (if not Sandhills)