

**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: \_\_\_\_\_

.....

**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)