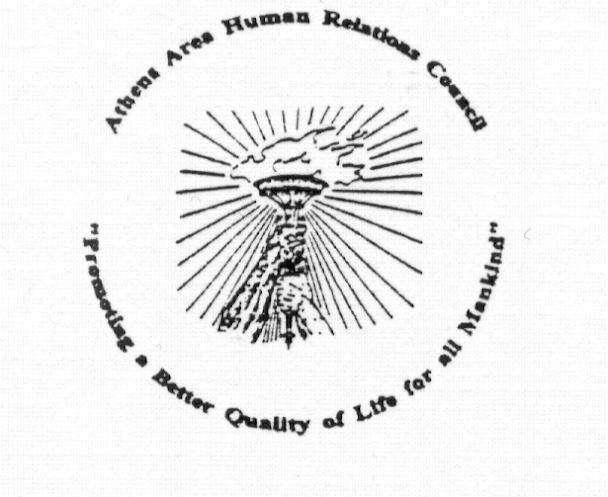
ATHENS AREA HUMAN RELATIONS COUNCIL, INC.



Designation

2014-2015 SCHOLARSHIP APPLICATION

Recommendation Form

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please respond to the following questions thoroughly. Be sure to write legibly in black ink or type your answers in the space provided. You may also respond to these questions in a letter of recommendation. Thank you for your cooperation.

1. Please describe your estimate of the applicant’s abilities and character; include work habits, punctuality, attitude, sense of commitment and responsibility.
2. Please describe your estimate of the applicant’s probable success in his/her chosen program of education or career goal.
3. Other Comments…

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

Title/School or Organization

Relationship to Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number

If you would like to be notified if this applicant is awarded a scholarship please provide your address or email.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may scan and e-mail this form to Dr. Melanie Brown at [melanie\_james@hotmail.com](mailto:melanie_james@hotmail.com) or mail it AAHRC, ATTN Scholarship Committee, P.O. Box 495, Athens, GA 30603-0495.