



Scholarship Recommendation Form

Student Information:

Last Name,	First Name
Desired Area of Instruction	Instructor Name (if known)

Recommendation:

Please complete the following recommendation for the above named student and Mail in an envelope marked CONFIDENTIAL to:

Parkwood Center 4 the Arts
 Scholarship Applications
 1827 Dixon Road, Gastonia, NC 28054

1. How long have you known the student and in what capacity?

2. Please circle one in each category:
 (if you have no knowledge of an area, you may opt not to answer)

	High				Low
Demonstrates Character	5	4	3	2	1
Potential for growth	5	4	3	2	1
Hardworking and Disciplined	5	4	3	2	1
Shows Enthusiasm and Commitment	5	4	3	2	1
Interest in area of study	5	4	3	2	1

3. Would you recommend this student for arts study? _____

4. Does this applicant need financial tuition support?

Yes _____ No _____ Don't Know _____

Comments :

Your Name: (please print) _____

Your Position/ Relationship to applicant:

Address: _____ City _____ State _____ Zip _____

Daytime Phone: _____ Evening/Cell: _____

Email Address: _____

I attest that the information provided above reflects my accurate and honest assessment of the talents, commitment and personal traits of the applicant.

Signature

Date

THIS FORM SHOULD NOT BE RETURNED TO THE STUDENT/PARENTS
Please Seal in envelope and Mail to address above for Parkwood Center 4 the
Arts.

Thank you for your time and you can be assured your responses here will be kept
confidential.

Scholarship Committee, Parkwood Center 4 the Arts