

HCA

Scholarship Program at
Miami-Dade Community College

RECOMMENDATION FORM

This is a recommendation for _____
student# _____ who is applying for the HCA Scholarship Program.
Please give your honest opinion of this person in the areas listed below. If you have not
observed a particular behavior, please mark N/A for not applicable.

	Fair	Average	Above Average	Outstanding	N/A
Academic Potential					
Leadership					
Attendance					
Reliability					
Initiative					
Respect for others					
Enthusiasm					
Communication Skills					

Please feel free to expand on any of these categories or make any additional comments or
observations:

Your Name: _____ Title: _____

Signature: _____ Date: _____

Work Phone: _____

Work Address: _____

Please return to: Valery Lacayo, MBA
HCA Scholarship Coordinator
Miami-Dade Community College
School of Nursing
950 N.W. 20th Street
Miami, FL 33127
Phone: (305) 237-4316