CHATTAHOOCHEE TECH FOUNDATION

FACULTY/STAFF REFERENCE FORM

Student Name:

Student ID #:

Program of Study:

I have known this student for (length of time):

Faculty or Staff Member: Please provide your insight into this person's ability, integrity and educational goals to give the Foundation Scholarship Review Committee knowledge on which to base their decision. You may add additional pages to this form, as necessary. P**lease fill in your name, email address and date** at the bottom. The completed form must be emailed by **April 25, 2014 by 5pm** to Foundation@ChattahoocheeTech.edu . Thank you.

COMMENTS:

Faculty/Staff (please print name)   Email address

Date