SCHOOL RECOMMENDATION

Student Name

The purpose of this form is to secure background information concerning the applicant named below. This form must be filled out and returned before the applicant can be accepted. It will also be used as an aid in counseling. Therefore it is imperative that you be as objective as possible, and return it as soon as possible. The more accurate your answers, the more we shall be able to assist the applicant.

Name of Applicant _____
Last First Middle

Name of School _____

Address _____City _____ State _____ Zip _____

Applicant ranks ( ) exactly ( ) approximately _____ in a class of _____ students _____

Estimate of applicant's success in high school:

( ) Little success ( ) May encounter some difficulty ( ) Average ( ) Above Average ( ) Superior

Approximate average of grades: _____

Poorest subject field _____ Best subject field _____

	Very High	High	Average	Low	Very Low
Example: INTEGRITY	_____	__x__	__xx____	_xx__	_____
1. MOTIVATION	_____	_____	_____	_____	_____
2. INFLUENCE AND LEADERSHIP	_____	_____	_____	_____	_____
3. CONCERN FOR OTHERS	_____ __	_____	_____	_____	_____
4. INITIATIVE	_____ __	_____	_____	_____	_____
5. RESPONSIBILITY	_____ __	_____	_____ _	_____	_____
6. INTEGRITY	_____ __	_____	_____	_____	_____
7. EMOTIONAL STABILITY	_____ _	_____	_____	_____	_____
8. BEHAVIOR	_____ _	_____	_____	_____	_____

Please list any problems or special information concerning the applicant which we should know, or which will help us in understanding the applicant's personality. Please note that this form will not be incorporated into the student's permanent file to which he/she and his/her parents have access.

Signature(s) _____

Title(s) _____