

TEACHER RECOMMENDATION FORM (STUDENT: YOU WILL NEED TWO RECOMMENDATIONS)

This form should be given to the teacher well in advance of the due date. Teachers will be filling out many references at this busy scholarship time. Please give a copy of your resume to the teacher. The student is responsible for making additional copies of this recommendation form as needed.

Teacher: Please return this form back to the student by March 28, 2025

to ensure application is submitted in time.

Name of Applicant:				
	Last	Firs	t MI	
Please check the appropriate	rating.			
	Acaden	nic Ratings		
	Outstanding			Below
	(Top 10%)	Good	Average	Average
Motivation				
Creative Qualities				
Self-Discipline				
College or Voc. School Read	ness			
Intellectual Curiosity				
Participation in Discussion				
Classroom Involvement				
Depth of Understanding				
Overall Academic Pr	omise			
	Character and l	Personality Rat	tings	
	Outstanding	•	-	Below

(Top 10%) Good Average Average Leadership Self-Confidence Warmth of Personality Concern for Others Personal Responsibility Contributions to School Contributions to Community **Overall Character Rating:**

How do you know this student? Fill in all that apply: List subjects in which you taught this student: Counselor_____Team Coach____Club Advisor_____ Comments: (optional) Teacher's Name: _____ Date:_____

Position:

Signature: ___