

Academic Recommendation

PLEASE NOTE: This form must be completed by a high school guidance counselor or principal. Completion of this form is a requirement for nomination consideration. **Postmark deadline is September 30, 2009.**

Full Name of App								
(Last) Name of High School: Address of School:			(Firs	it)	(Middle)			
			Sch	School Phone:/				
			App	Applicant's SS#				
				Applicant's	SYr. in Schoo	l:		
	(City)	(City) (State)			(Zip)			
Please rate the can	ndidate in the following areas	:				_		
				Excellent	Good	Fair	Poor	
•	Well With Others							
Leadership Qual								
Ability to Handle								
Personality Trait								
Ability to Take C								
	ttendance, Punctuality, etc	.)						
Overall Rating								
	GPA: Weight ses: (Y/N) AP		//N)	IB Prog	ram: ((Y/N)		
SAT Scores:	Critical Reading	Math	_					
ACT Scores:	English	Math _						
Numerical C	lass Rank/Size:	/(Requirei) Informat	TION. PLEASE EST	TIMATE IF NECES	SSARY.)		
General Commer	nts:							
Date:	Signature:			Tie	de:			
	Signature.							

Thank you for taking the time to complete this form. Please return this form to the student in a sealed envelope with signature across the seal, along with a school transcript and ACT and/or SAT scores. Please feel free to contact us should you have any questions at (866) 630-7106 toll-free.