



TO THE APPLICANT

We require a profile from an individual (preferably a non-family member) familiar with your capabilities and potential. Please fill in your name below. By signing below you waive the right to review this form after it has been completed. The recommendation portion of this evaluation can be completed by a non-family member, such as a pastor, employer, music teacher or coach.

HOMESCHOOLED STUDENT RECOMMENDATION

Applicant Name _____
Last First Middle Initial

I waive my right to review the comments below and realize that the information will be treated in strict confidence.

Signature of Student Date

RECOMMENDATION

How long have you known the student and in what context? _____

Completion of this section is optional. You may wish to complete all, part, or none of it. In making the following ratings, please check the most appropriate box.

| | Below Average | Average | Good (Above Average) | Excellent | Outstanding | No Basis for Judgement |
|-----------------------------|----------------------|----------------|-----------------------------|------------------|--------------------|-------------------------------|
| Academic Abilities | | | | | | |
| Academic Motivation | | | | | | |
| Leadership | | | | | | |
| Potential for Growth | | | | | | |
| Emotional Maturity | | | | | | |
| Demonstrated Responsibility | | | | | | |

ADDITIONAL COMMENTS

Please comment about any particular qualities you have noted in this student that would help assess his/her potential for success.

Thank you for completing this evaluation. Your candid and objective appraisal is essential to the admissions process.

Signature _____ Occupation _____
Name (Print) _____ Phone _____
Date _____