

2017 Summer Enrichment Camp Recommendation Form

TO THE RECOMMENDER

Name of Student Applicant _____	Name of Individual Completing This Form _____	Title _____
School _____	Phone _____	
Email Address of Individual Completing This Form _____		

Please compare the applicant with others you have known during your professional career. For each of the categories below, check the appropriate box:

	Excellent	Above Average	Average	Below Average
Written English				
Oral English				
Interpersonal Skills				
Maturity				
Motivation				
Leadership Potential				

Please provide an overall impression of the applicant:

Enthusiastically Recommended	
Recommended	
Recommended with Some Reservation	
Do Not Recommend	

Additional Questions:

1. How long have you known the applicant and under what circumstances?

2. What are the applicant's strengths?

3. What are the applicant's weaknesses?

Please return your completed form to:

Southeast Kentucky AHEC
Attn: Crystal Pigman
180 Taylor Ridge Road, Suite 101
Hazard, KY 41701
Phone: (606) 487-0135

Signature

Date