

# 2018 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**

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Signature

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Date