2019 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 your 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