

SCHOLARS IN SERVICE 2020 RECOMMENDATION FORM



To the applicant: After completing the information below, please give this form to an educator, high school counselor, or personal relation (e.g., pastor, community member, etc.) who would like to recommend you to the Scholars in Service program.

Student name: _____ Date of birth: _____
 High School: _____ Grade: _____

To the recommender: Please complete the form and return it to Rachel Havens at rhavens@covenanthouse.org or 1559 Johnson Road NW, Atlanta, GA 30318 before September 30, 2020.

How long have you known the applicant and in what context?

Compared with other students with whom you have experience, please indicate your perception of the applicant's attributes by circling the appropriate number in the range indicated below.

	Very Unsatisfactory						Excellent			Not Observed
	1	2	3	4	5	6	7	8	9	0
Leadership	1	2	3	4	5	6	7	8	9	0
Initiative	1	2	3	4	5	6	7	8	9	0
Creative problem solving	1	2	3	4	5	6	7	8	9	0
Concern for others	1	2	3	4	5	6	7	8	9	0
Integrity	1	2	3	4	5	6	7	8	9	0
Service to others	1	2	3	4	5	6	7	8	9	0
Work ethic	1	2	3	4	5	6	7	8	9	0
Respect for others	1	2	3	4	5	6	7	8	9	0

Please describe the applicant's personal characteristics as they may pertain to the potential for success as a Scholar in Service. You may attach a separate letter if desired.

I recommend this applicant with reservation with no reservation highly

I would like to provide additional information about this applicant and would like to be contacted. yes no

Name _____ Relation to Applicant _____
 Signature _____ Date _____
 Contact Information _____