

Letter of Recommendation

Place recommendation in a sealed envelope and return to student to be turned in with application.
no later than Friday, March 15,2024 at 5:00pm

Student	Name:	
Recommender's Name:		Relationship to Applicant
E-mail:		Phone:
Characte	er Criteria of Student Rank 1-5 (lowest to highest; 5 is best)	
1.	Accountability	3. Respect
	Honors commitments	Treats others fairly
	Is responsible for personal decisions	Lives up to promises made to others
	Accepting of consequences	Listens to others and is accepting of input from others
	Willing to admit mistakes	Exhibits consideration for things and people that they encounter
		Maintains self-control
2.	Drive for Excellence	
	Has a good work ethic	4. Integrity
	Gets results	Honest
	Exhibits continuous improvement	Trustworthy
	Is involved in your local community	Caring
	Puts in time above and beyond basic requirements	Ethical

Date: _____

Signed: