



LINK UNLIMITED RECOMMENDATION FORM # 1 (7th GRADE MATH TEACHER ONLY)

The student named below is an applicant for the LINK Unlimited scholarship and mentorship program. This student is required to obtain a recommendation from individuals who have some background knowledge of him/her. We are seeking information pertaining to the student's *academic qualifications and character*. Feel free to include special recognitions or awards that the student has received, as well as *any circumstances which might affect his/her ability to succeed in an academically challenging environment*. Also, please share your thoughts on the student's home environment and family support.

Thank you very much for your time and cooperation in filling out this form. The information you provide will greatly assist our selection process. *This form must be returned with the student's completed application. If you would like the recommendation to be submitted in confidence, please present it to the student in a sealed envelope. If you need additional space to write, feel free to attach an additional page(s).*

SECTION I — To be completed by the applicant.

Name of Applicant _____

SECTION II — To be completed by the recommender.

1. In what capacity and how long have you known the applicant?
2. Please discuss the applicant's strengths (academic, social, behavioral)?
3. In which areas does this student need improvement?
4. Below, we will ask you to rate the applicant in the following areas in comparison to his/her peers. **Additionally, please provide specific examples to support your rating.**

	Truly outstanding	Excellent	Good	Average	Below Average
Academic Achievement					
And Intellectual Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please cite specific examples of how the applicant has demonstrated the qualities listed above (if there are discrepancies in the student's ability vs. achievement, please explain):

	Truly outstanding	Excellent	Good	Average	Below Average
Study Habits**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Specifically consider the students' skills in academic behaviors: time management, organization, study skills, and disciplined work Habits.** Please cite specific examples of how the applicant has demonstrated the quality above:

Initiative/Motivation/Leadership Truly outstanding Excellent Good Average Below Average

Please cite specific examples of how the applicant has demonstrated the qualities above

Leadership Integrity & Character Truly outstanding Excellent Good Average Below Average

Please cite specific examples of how the applicant has demonstrated the quality above:

Overall Evaluation Truly outstanding Excellent Good Average Below Average

Within your range of experience, how would you rate this student?

6. What else do we need to know about the applicant that hasn't been discussed elsewhere in this letter of recommendation?

Name Title or Position

Signature Date

School

Telephone (Best number to reach you during the day) Fax E-mail

*Please return completed evaluation to the applicant listed on the previous page.
Do not send this form directly to LINK Unlimited. This form must be returned with the student's completed application. If you would like the recommendation to be submitted in confidence, please present it to the student in a sealed envelope.*