

***Recommendation Form***

This form should be completed by the applicant’s teacher, guidance counselor, principal, professor or adviser and sent **directly** to Carter Scholars Inc. It should **not** be shared with the applicant or the applicant’s parents or guardians.

Please complete, sign and mail the form to:

Carter Scholars Inc.
P.O. Box 60126
Harrisburg, PA 17106-0126

Thank you!

**About the Applicant**

|  |  |
| --- | --- |
| **First Name of the Applicant** |  |
|  |  |
| **Last Name of the Applicant** |  |

**About the Recommender**

|  |  |
| --- | --- |
| **Title (Mr., Mrs., Ms., Dr.)** |  |
|  |  |
| **First Name** |  |
|  |  |
| **Last Name** |  |
|  |  |
| **Name of Organization** |  |
|  |  |
| **Street Address** |  |
|  |  |
| **City** |  |
|  |  |
| **State** |  |
|  |  |
| **Zip** |  |
|  |  |
| **Email Address** |  |
|  |  |
| **Phone Number** |  |
|  |  |
| **Your Relationship to the Applicant** |  |

**Your Assessment of the Applicant**

**Please rate the applicant based on the following criteria.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria** | **Excellent** | **Very Good** | **Average** | **Poor** | **Not Applicable** |
| Academic Performance |  |  |  |  |  |
| Intellectual Potential |  |  |  |  |  |
| Parental Support |  |  |  |  |  |
| Involvement in School Activities |  |  |  |  |  |
| Involvement in Community Activities |  |  |  |  |  |

**Is there any other information that we should know about the applicant? This is an opportunity to include information that is not contained in other areas of the form. Please be specific.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Recommender

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date