

PERSONAL RECOMMENDATION

This form may be completed by anyone other than applicant or relative of applicant.

Concerning (Applicant's Name) _____

I hereby request you to complete the following evaluation necessary for admission to HA Prep Academy. It is important for the Recommender to feel free to provide information that will give HA Prep insight into the applicant's current performance; therefore, a waiver must be signed. Recommendations become the confidential property of HA Prep Academy, and are not subject to applicant or parental review. I also understand that the information on this form becomes the confidential property of HA Prep Academy in order for the school to assess the applicant's suitability for the programs offered by the school. I, therefore, waive my rights to review this information prior to and after direct delivery to HA Prep Academy.

Signature of Parent/Guardian

Signature of Applicant

Please check the appropriate blanks.

Below Average	Average	Good	Excellent	Outstanding		No Basis for Judgement
					Motivation	
					Creative Qualities	
					Self-Discipline	
					Growth Potential	
					Leadership	
					Self-Confidence	
					Personal Appearance	
					Warmth of Personality	
					Sense of Humor	
					Concern for Others	
					Energy	
					Emotional Maturity	
					Personal Initiative	
					Reaction to Setbacks	
					Respect Accorded to Faculty	

					Physical Condition	
					Respect for Authority	
					Responsibility	
					Dependability	
					Honesty	
					Truthfulness	
					Cooperation	

Please answer the following questions and feel free to make any additional comments which might prove helpful in our evaluation of this applicant.

1. How long have you known the applicant?

2. What is your relationship to the applicant? (teacher, friend, employer, etc.)

3. What is your candid estimate of the applicant’s moral character? (Be specific)

4. In your opinion, will the applicant make good use of the educational advantages afforded by HA Prep Academy?

5. To your knowledge has the applicant had any history of involvement with drugs, alcohol, or juvenile delinquency problems?

Signature of Recommender

Date

PLEASE PRINT:

Recommender’s Name _____

Title _____

School _____

Address _____

City, State, ZIP _____

Phone _____

Thank You! Mail this form directly to the Director of Admissions, HA Prep Academy, PO Box 11837 Durham, NC 27703. If you would like additional information about the school or have questions, please call the Director of Admissions at (919) 748-0212.

HA Prep Academy does not discriminate on the basis of religion, race, sex, or geographic origin.