

CONFIDENTIAL



KONAWAYNIKA TILLICUM

• Student Recommendation Form •

TO BE COMPLETED BY STUDENT:

Name of student: _____

School: _____ *Current grade student is in* _____

TO BE COMPLETED BY REFERENCE: We value your professional opinion in our assessment of this student.

Note: Please return this recommendation to the student in a sealed envelope with your signature across the sealed flap. Please complete it in a timely manner, as the student's application is not complete without it. Thank you for taking time to fill out this form.

Date: _____

Name of reference: _____

Address: _____

Home phone: _____ Work Phone: _____

1. How long have you known this student?

2. In what capacity have you known this student?

_____ Teacher

_____ Community leader

_____ Other, please specify:

3. Tell us any special attributes this student has that need to be taken into consideration.

4. To be considered for Konaway Nika Tillicum, students must show a personal commitment to attend and participate. How has this student shown interest, specifically related to the program?

5. Students must also demonstrate at least one of the following. Please indicate which of these apply to the applicant:

Proven leadership ability

A special talent

Ability in the visual and performing arts

Creative or productive thinking ability

Give examples illustrating the categories checked above.

6. How can this student benefit from KONAWAY NIKA TILLICUM?

7. Are there any behavioral characteristics (e.g., self discipline, respect for rules and people in authority) that we should know about that would help us better serve this student?

8. Do you feel it would be beneficial for us to contact you by phone? Yes No