

CONFIDENTIAL

Junior Counselor Recommendation Form

TO BE COMPLETED BY STUDENT:

Name of student: _____

School attending: _____

Current grade level: _____

TO BE COMPLETED BY REFERENCE:

NOTE: Please return this recommendation to the student in a sealed envelope with your signature across the sealed flap. Please complete in a timely manner. The Junior Counselor application is not complete without it. Thank you for taking time to complete this recommendation.

Date: _____

Name of reference: _____

Address: _____

Home phone: _____ Work Phone: _____

1. How long and in what capacity have you known the applicant?

2. How does this applicant respond in leadership and decision-making situations?

3. How does this applicant show sensitivity to other students, particularly younger students (if you have seen him/her in that capacity)?

(OVER)

4. Please indicate which of the following apply to the applicant. In addition to achievement at least two years above current grade level or school TAG identification, we look for characteristics in the following areas:

- Measured intelligence above average
- Proven leadership ability
- A special talent
- Exceptional ability in the visual and performing arts
- Unusual creative or productive thinking ability

5. How can this student contribute to **ACADEMY** as a Junior Counselor?

6. How can this student benefit from **ACADEMY**?

7. Are there any behavioral characteristics (e.g., self-discipline, respect for rules and people in authority) that would help us decide about the applicant and match him/her with a Senior Counselor or living group?

8. Do you have any additional concerns you would like us to address with you by phone?
Yes No