



The Spirit of American Youth Scholarship

Teacher/Counselor Recommendation 2012

FAX COVER SHEET

Caruso Affiliated

The Spirit of American Youth Scholarship

323. 900. 8001

TO

FAX

NUMBER OF PAGES

FROM

EMAIL

TELEPHONE

STUDENT'S NAME

HIGH SCHOOL ATTENDING

INSTRUCTIONS

1. You may write clearly in blue or black ink or type your responses to the questions on the form or on separate sheets of paper.
2. Additional pages can be added to the end of the fax, if necessary.
3. Verification of fax: Faxes require 48 hours to process. You will receive an email confirmation acknowledging the receipt of your fax within two business days.
4. Teacher/Counselor Recommendations must be received no later than March 31, 2012.

STUDENT INFORMATION

STUDENT'S NAME

last name

first name

middle name

SCHOOL



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TEACHER/COUNSELOR INFORMATION

(Please fill out the following information concerning the student listed above. Thank you very much for your assistance.)

TEACHER'S NAME		last name	first name
DEPARTMENT		HIGH SCHOOL	
WORK PHONE		EMAIL	

STUDENT RANKING

1. What subject(s) or guidance have you taught the student?
2. What grade(s) did the student receive from you?
3. Please mark the appropriate box for each of the following characteristics:

	N/A	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	VERY GOOD	EXCELLENT	ONE OF THE BEST OF MY CAREER
Academics							
Intellectual level							
Work Ethic							
Leadership Potential							
Emotional Maturity							
Community Involvement							
Extracurricular Accomplishment							
Personal Character							
Overall							

4. I recommend this student: WITH RESERVATIONS FAIRLY STRONGLY STRONGLY ENTHUSIASTICALLY



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STUDENT EVALUATION (CONT.)

4. Briefly describe two weaknesses of this applicant. How do you see the student actively working on improving these areas? (120 word limit)

5. Please indicate which of the following you feel have most influenced this student's academic success, and provide a brief explanation. (120 word limit)

- HARD WORK PASSION FOR LEARNING DESIRE TO IMPROVE CURIOSITY OTHER (Please describe)
- EXCEPTIONAL NATURAL INTELLIGENCE
-



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ADDITIONAL INFORMATION

Please use this section to tell us any other relevant information you would like us to know about the student.

COMPLETE RECOMMENDATION

I understand that my recommendation will be reviewed by the scholarship committee. All the information I have provided on this recommendation is factually true to the best of my knowledge and honestly presented.

SIGNATURE

DATE