



TEACHER RECOMMENDATION FORM

The student named below is a scholarship applicant for Truly Living Well Summer Camp. Please complete and return to the applicant in a sealed envelope or mail to the address below. Thank you!

Student Name: Last _____ First _____ MI _____
Parent Name: _____ School: _____
Grade: _____ Subject area: _____ Date: _____

Please evaluate the student listed above by completing the following information:

Ranking Scale:

- 5 = Exceptionally High
- 4 = Above Average
- 3 = Average
- 2 = Below Average

Ability and Personality Traits

Personal Integrity		
Social and Emotional maturity		
Ability to get along with Peers		
Respect for authority		
Leadership Qualities		
Oral Communication Skills		
Writing Skills		
Creativity		

Indicate strength of your overall endorsement by checking the appropriate box:

- ☐ Highly Recommended
- ☐ Recommended
- ☐ Recommended with Reservation
- ☐ Not Recommended

Please write additional comments that will aid in assessing the student's qualifications: _____

Teacher's printed name: _____ Signature: _____

Please return the completed form to: Scholarship Committee, TLW Summer Camp, P.O. Box 90841, East Point, GA 30364. **Must be post marked by May 17th.**

Thank you!