Upper Columbia Academy

3025 E. Spangle-Waverly Rd. Spangle WA 99031-9799

Phone # (509) 245-3600

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Recommendation Form

Student cannot be considered for acceptance until this recommendation form is received. Recommender: Please fold, place in envelope, stamp and mail to the address on the back when finished.

The confidential recommendation b	pelow is for:	
(Students Name)		
How well do you know this student:	□ Well □ Some □ Little □ Records Only	
How many years have you know this	s individual?	
TRUSTWORTHINESS Very trustworthy Generally trustworthy Tends to be dishonest	LOYALTY TO LEADERSHIP Loyal and dependable Satisfactory Disloyal	COOPERATION Helpful Works well with others Critical
HEALTH Very strong and healthy Average health Weak, low vitality	CHURCH ATTENDENCE Attends regularly Rarely attends Never attends	PERSONAL APPEARANCE Well groomed Neat and clean Careless
INDUSTRIOUSNESS ☐ Resourceful and enthusiastic ☐ Average worker ☐ Works only under pressure ☐ Not interested in work	INTELLECTUAL APTITUDE □ Very quick to learn □ Learns easily □ Must study hard to learn □ Educational disabilities	CHOICE OF FRIENDS ☐ Chooses wisely ☐ Somewhat wisely ☐ Somewhat Carelessly ☐ Chooses carelessly
STRENGTH OF CHARACTER Firm, steady, consistent Fairly stable Weak, easily influenced	FINANCIAL RESPONSIBILITY Meets obligations promptly Usually meets obligations Does not meet Obligations	CHRISTIAN EXPERIENCE Active Passive/Disinterested Antagonistic
Do you recommend the applicant as a desirable student for UCA?		Yes No With Reservation
Would you feel comfortable with thi	is individual rooming with your son c	or daughter? Yes No
Your Name	Position	
Signature	Date	Phone # ()
Remarks		