

Upper Columbia Academy

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

Phone # (509) 245-3600

Fax # (509) 245-3643

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 below is for:

(Students Name) _____

Well Some Little Records Only

How well do you know this student: _____

How many years have you know this 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 ATTENDANCE

- 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 this individual rooming with your son or daughter? Yes No

Your Name _____ Position _____

Signature _____ Date _____ Phone # (____) _____

Remarks _____
