

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 top 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 _____
