



ARLINGTON HIGH SCHOOL

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 ARLINGTON COMMUNITY SCHOOLS
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**Arlington Scholars Program
 Teacher/Community Member Recommendation Form**

To the Applicant: Complete the personal information below, and deliver this form to the Teacher or Community Member of your choice. Provide an envelope to be sealed, taped, and signed by the person who recommends you.

Name of Applicant: _____

Applicant's Home Address: _____

Current School: _____

To the Teacher/Community Member: The student named above is a candidate for admission to Arlington High School's Scholars Program. Your recommendation is vital to our process as our admission committee examines the academic and personal qualifications of each candidate. Please respond candidly and thoughtfully. Once completed, place in envelope, seal, tape, sign across the tape, and return to the student. Please complete and return immediately.

How well do you know the student? _____

What are the first three words that come to mind when describing this student? _____

Personal Qualities: Please place check marks at the points that represent you evaluation of the student in comparison to other student in his age group.

	Excellent (3)	Good (2)	Fair (1)	Below Average (0)
Personal Conduct				
Leadership Potential				
Concern for Others				
Honesty/Integrity				
Self-Esteem/Self-Confidence				
Motivation				
Responsibility				
Respect for Authority				
Respect Accorded by Peers				
Emotional Stability				

