

Brewster Academy



80 Academy Drive
Wolfeboro, New Hampshire 03894
603-569-7200 / 800-842-9961 / Fax 603-569-7272
Email: Admissions@brewsternet.com

Name of Applicant _____ Applying for Grade: _____

To the Applicant: Please print or type your name and grade on the line above and give this form to your guidance counselor, advisor, Headmaster, or Principal. This form should be sent directly to Brewster Academy Admissions in the envelope provided.

To the Referent: The above-named student is an applicant for admission to Brewster Academy. We would greatly appreciate your thoughtful comments to the questions below as they pertain to the candidate. Please return this form at your earliest convenience to Brewster Academy Admissions. Thank you for your assistance.

1. How long have you known the applicant and in what capacity? _____

2. Please rate the applicant in the following areas:

	1=Unacceptable	2= Below Average	3= Average	4= Good	5=Outstanding		
A. Work ethic/motivation			1	2	3	4	5
B. Honesty and integrity			1	2	3	4	5
C. Maturity			1	2	3	4	5
D. Responsibility for actions			1	2	3	4	5
E. Concern for others			1	2	3	4	5
F. Leadership ability			1	2	3	4	5
G. Relationships with peers			1	2	3	4	5
H. Relationships with adults			1	2	3	4	5
I. Reactions to suggestions and advice			1	2	3	4	5
J. Ability to meet commitments			1	2	3	4	5
K. Please elaborate on rating(s) below 3							

3. What do you perceive as the applicant's greatest strength?

4. What do you perceive as the applicant's greatest need?

5. Please discuss the applicant's participation in community, athletic, or other extracurricular activities.

6. Has the applicant been involved in a recent disciplinary incident that you are aware of? Please relate the incident(s) and any disciplinary action that resulted.

7. Has the applicant been diagnosed with or shown performance indicators of a learning disability or attention deficit learning style?

8. Additional comments that will assist us in our admission's decision.

Date: _____

Signed: _____

Print: _____

Position: _____

School: _____

Address: _____

Phone: _____

Fax: _____

Email: _____