

Brewster Academy Summer Session

c/o Summer Programs
80 Academy Drive
Wolfeboro, NH 03894
(603) 569-7155 FAX: (603) 569-7050

RECOMMENDATION: PERSONAL OR DORM PARENT

Name of Applicant: _____

To the Applicant: Please print or type your name on the line above and give this form to an adult who knows you well through an extra-curricular activity or interest. The referent should return this form directly to the Summer Session Office.

To the Referent: The above-named student is applying to the Brewster Academy Summer Session. We would greatly appreciate your thoughtful comments to the questions below as they pertain to the applicant. Please return this form at your earliest convenience to the Brewster Academy Summer Session Office at the above address.

- 1. How long have you known the applicant and in what capacity?**
- 2. What are the first words that come to mind when describing the applicant?**
- 3. We are particularly interested in the qualities and talents that will set him or her apart from other applicants. Please elaborate on these characteristics and what you believe he or she will bring to our summer session community.**

4. Please rate the applicant's character.

0= Unacceptable 1= Below Average 2= Average 3= Good 4= Superior

A. Work ethic	0	1	2	3	4
B. Honesty and integrity	0	1	2	3	4
C. Maturity	0	1	2	3	4
D. Responsibility for actions	0	1	2	3	4
E. Consideration/concern for others	0	1	2	3	4
F. Leadership ability	0	1	2	3	4
G. Reactions to suggestions/advice	0	1	2	3	4
H. Reaction to criticism	0	1	2	3	4

**5. I recommend this candidate for admission to the Brewster Academy Summer Session:
(Please circle one)**

0= Not at all 1= With reservation 2= Mildly 3= Strongly 4=Enthusiastically

6. Please list other comments or information that may be useful to us in our assessment of this applicant.

Signed: _____ Date: _____

Print: _____ Position: _____

School/Organization: _____ Phone: _____

Address: _____
