

RIO LINDO

ADVENTIST ACADEMY

Name of Applicant Grade Entering Date of Birth

Personal Reference (must not be related to applicant)

The above-named student is a candidate for admission to Rio Lindo Addventist Academy. Your recommendation is an important part of our evaluation of this student, and we appreciate your thoughtful assessment of his or her intellectual and personal qualities. Descriptive examples are particularly helpful. Your comments will be held in confidence. Thank you.

Your name (please print)

Address

City State Postal Code Country

Preferred phone number and hours available

How long have you known the applicant, and in what capacity?

How well do you feel you know the applicant? Very well Fairly well Not very well

To your knowledge, has the applicant used any of the following during the past year? (Answering yes will not disqualify the applicant from consideration.)

Alcohol Yes No

Tobacco Yes No

Illegal Drugs Yes No

Other, specify _____

Please rate this applicant in the following areas:

Personal Qualities

	Very Good	Good	Average	Below Average	No Basis for Evaluation
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual Interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments on applicant's personal qualities (optional):

Based on your knowledge of the applicant (use additional sheets if necessary), tell as much as you can about his or her:

Home life

Spiritual interest

School involvement

Is there any additional information that can be better conveyed in a phone conversation? Yes No

List the phone number and hours where you can be reached.

Thank you for completing this form. Your remarks will help us evaluate this candidate's application.

Signature

Date