

**JESUIT HIGHER ACHIEVEMENT PROGRAM  
XAVIER HIGH SCHOOL**

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Tel: (212) 924-7900 [www.xavierhs.org](http://www.xavierhs.org)  
hap@xavierhs.org

**RECOMMENDATION**

*Please complete and submit to Xavier High School by April 25. Submit recommendation only if applicant is in 7<sup>th</sup> grade and committed to full participation.*

Name of Applicant \_\_\_\_\_

Your Name \_\_\_\_\_

How do you know this applicant and for how long have you known him? \_\_\_\_\_

What specific words describe this applicant well? \_\_\_\_\_

To what extent does the applicant...

	Very Much				Not At All		
	5	4	3	2	1		I don't know
<u>Exhibit excellent academic ability</u>	5	4	3	2	1		I don't know
<u>Exhibit excellent writing ability</u>	5	4	3	2	1		I don't know
<u>Exhibit high motivation to succeed</u>	5	4	3	2	1		I don't know
<u>Demonstrate leadership ability</u>	5	4	3	2	1		I don't know
<u>Demonstrate openness to growth</u>	5	4	3	2	1		I don't know
<u>Exhibit self-discipline</u>	5	4	3	2	1		I don't know
<u>Act respectfully to peers &amp; adults</u>	5	4	3	2	1		I don't know
<u>Want to attend HAP</u>	5	4	3	2	1		I don't know

Where does this applicant fall in relation to his peers?

Academically	One of the top	Excellent	Above Average	Average	Below Average
Character/Leadership	One of the top	Excellent	Above Average	Average	Below Average

