Teacher Recommendation

for Returning Student Scholarships

ACADEMY OF HOLY ANGELS

STUDENT: Fill out this information before giving it to your teacher.

Student Name _____ Class of _____

Date this form is due to back to AHA (find it on the online scholarship app) _____
Make sure you give this form to your teacher with enough time for them to fill it out.

TEACHER: Please fill out the section below and place the completed form directly in Nancy Cullen's mailbox by the date noted above. This information is confidential and will not be shared outside of the AHA scholarship committee.

Teacher Name _____ Subject Taught _____

How long have you known the student? _____

Check if you would like to talk about the student ☐

Please rank the student according to his/her merit in each of the following categories. Please choose the number that reflects his/her performance. **Comments are welcome, but not required.**

1. Current Academic Performance

   5 4 3 2 1

   Excellent Limited

2. Level of motivation, effort and perseverance

   5 4 3 2 1

   Excellent Limited

3. Study habits

   5 4 3 2 1

   Excellent Limited

4. Use of class time

5	4	3	2	1
Excellent				Limited

5. Classroom conduct

5	4	3	2	1
Excellent				Limited

6. Use of academic potential

5	4	3	2	1
Excellent				Limited

7. Leadership

5	4	3	2	1
Excellent				Limited

8. Honesty and Integrity

5	4	3	2	1
Excellent				Limited

9. Consideration for others

5	4	3	2	1
Excellent				Limited

10. Service (if applicable)

Has a history of helping others through service	Has shown willingness to help others through service	Not willing to help others through service

Is there anything else the Scholarship Committee should know to help evaluate this student?

_____ _____

Teacher Signature Date

Completed forms should be placed directly in Nancy Cullen's mailbox.