

## RECOMMENDATION FORM

This is a recommendation for Scholarships and Financial Aid Awards at the Beacon Academy. It may be written by an authority related to the type of award applied for including, but not limited to, academic advisers, athletic coaches, creative mentors, or community service coordinators.

Student's Full Name:			
	LAST	FIRST	MIDDLE

**Please give short statements regarding the following areas concerning the student. Complete this form in confidentiality. Submit to parent in a sealed envelope.**

1. In what capacity have you known the applicant? How many years have you known the applicant?
2. Please cite relevant qualities, achievements, and projects of the applicant that may support this recommendation.

Thank you for your valuable time to complete this evaluation. Your reflections are an important part of the application process.

\_\_\_\_\_ Printed Name over Signature \_\_\_\_\_ Position, Organization (*if applicable*) \_\_\_\_\_ Date

Would you be willing to have us contact you for further information? \_\_\_\_\_ Yes \_\_\_\_\_ No

E-mail Address and Contact Number: \_\_\_\_\_

**Any and all files as part of the admissions requirement to Beacon Academy automatically become the property of the school. The Academy has the sole discretion whether to disclose, provide, copy or return the same to any party who may so request.**