

Due the last day in May

Student Recommendation Form

Name of student: _____

School: _____ *Current grade of student* _____

We value your professional opinion in our assessment of this student.

Date: _____

Name of reference: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work Phone: _____ Email: _____

1. How long have you know this student? _____

2. In what capacity have you known this student?

Teacher

Community Leader

Other, please specify: _____

3. Tell us any Special attributes this student has that need to be taken into consideration.

4. To be considered for Konaway Nika Tillicum, students must show a personal commitment to attend and participate. How has this student shown interest, specifically related to the program?

5. Students must also demonstrate at least one of the following. Please indicate which of these apply to the applicant:

Proven leadership ability

A special talent

Ability in the visual and performing arts

Creative or productive thinking ability

Give examples illustrating the categories checked above.

6. How can this student benefit from KONAWAY NIKI TILICUM?

7. Are there any behavioral characteristics (e.g., self discipline, respect for rules and people in authority) that we should know about that would help us better serve this student?

8. Do you feel it would be beneficial for us to contact you by phone? Yes No

RETURN:

by mail: SOU Youth Programs attn: Konaway 1250 Siskiyou Blvd Ashland, OR 97520 in a sealed envelope with your signature across the sealed flap.

by email: youthprograms@sou.edu from teacher email (keep CONFIDENTIAL) subject line: Konaway and student's name

in person: 1388 Siskiyou Blvd. Outreach and Engagement Office (shares parking lot with Omar's Restaurant) in a sealed envelope with your signature across the sealed flap.

KEEP CONFIDENTIAL- do not return this document unsealed through a parent or student