



PERSONAL RECOMMENDATION

This form may be completed by anyone other than applicant or relative of applicant.

Concerning (Applicant's Name) _____

I hereby request you to complete the following evaluation necessary for admission to Oak Hill Academy. It is important for the Recommender to feel free to provide information that will give OHA insight into the applicant's current performance; therefore, waiver must be signed. Recommendations become the confidential property of Oak Hill Academy, and are not subject to applicant or parental review. I also understand that the information on this form becomes the confidential property of Oak Hill Academy in order for the school to assess the applicant's suitability for the programs offered by the school. I, therefore, waive my rights to review this information prior to and after direct delivery to Oak Hill Academy.

Signature of Parent/Guardian

Signature of Applicant

Please check the appropriate blanks.

	Below Average	Average	Good	Excellent	Outstanding		No Basis for Judgment
A.						Motivation	
B.						Creative Qualities	
C.						Self-Discipline	
D.						Growth Potential	
E.						Leadership	
F.						Self-Confidence	
G.						Personal Appearance	
H.						Warmth of Personality	
I.						Sense of Humor	
J.						Concern for Others	
K.						Energy	
L.						Emotional Maturity	
M.						Personal Initiative	
N.						Reaction to Setbacks	
O.						Respect Accorded by Faculty	
P.						Physical Condition	
Q.						Respect for Authority	
R.						Responsibility	
S.						Dependability	
T.						Honesty	
U.						Truthfulness	
V.						Cooperation	

Please answer the following questions and feel free to make any additional comments which might prove helpful in our evaluation of this applicant.

1. How long have you know the applicant?
2. In what relationship? (As teacher, friend, employer, etc.)
3. What is your candid estimate of the applicant's moral character? (Be specific.)
4. In your opinion, will this young person make good use of the educational advantages afforded by Oak Hill Academy?
5. To your knowledge has the applicant had any history of involvement with drugs, alcohol, or juvenile delinquency problems?

Signature of Recommender

Date

PLEASE PRINT:

Recommender's Name _____ Title _____

School _____

Address _____

City, State, ZIP _____

Phone _____

Thank You! Mail this form directly to the Director of Admissions, Oak Hill Academy, 2635 Oak Hill Road, Mouth of Wilson, VA 24363-9705. If you would like additional information about the school or if you have questions, please call the Director of Admissions (276) 579-2619.

Oak Hill Academy does not discriminate on the basis of religion, race, sex, or geographic origin.