



Counselor / Teacher Recommendation Form

Please Print or Type

Student Name: _____

Student Address: _____

GPA _____

Name of School: _____ Grade: _____

Address of School: _____

School Phone Number: _____

Name of Counselor / Teacher _____

Progress in School: _____

Comments: _____

Character: Good _____ Fair _____ Poor _____

I do _____ do not _____ recommend the above student as a participant in the Ascend Program.

Counselor/Teacher Signature: _____ Date: _____

Return this form