



PAREF SOUTHRIDGE SCHOOL

Hillsborough Alabang, West Service Rd. Muntinlupa City
Phone: (632) 807-8080 loc 137, 156 Fax: (632) 842-1542

RECOMMENDATION FORM FOR SCHOLARSHIP

TO THE APPLICANT:

Applicant's Name: _____ Applying for Year: _____

Instructions: Give one recommendation form each to any two of the following people in your school: the Principal, Head of Discipline, Guidance Counselor, or Class Adviser.

TO THE SCHOOL REPRESENTATIVE:

Person Completing the Form: _____ Designation: _____

Name and Address of School: _____

Phone: _____

Instructions: We appreciate the time taken to complete the Recommendation Form for this applicant to Paref Southridge (Afternoon School). The information you submit will be considered confidential. After completion, please place this form in a sealed envelope (use scotch tape) with your signature on the flap and address to The Registrar, Southridge School. Thank you.

How long have you known the applicant and in what capacity?

What are the first few words that come to mind to describe the applicant?

ADDITIONAL INFORMATION

Please indicate his rank: Top 10 Upper 25% Middle 50% Lower 25%

Is the applicant a candidate for academic honors this year? (please specify) _____

Has this student received disciplinary action in your school? If so, what is the reason for the disciplinary sanction? _____

We would appreciate any additional information that may help us make an informed decision regarding the application of this student.

ACADEMIC QUALITIES: Compared to the other students you taught at this level, how would you rate this student in terms of:

Qualities	Excellent	Above Average	Average	Below Average	No Basis
<i>Ability to organize & communicate ideas</i>					
<i>Ability to work creatively</i>					
<i>Ability to work independently</i>					
<i>Creative problem solving</i>					
<i>Critical thinking & abstract thinking skills</i>					
<i>General aptitude</i>					
<i>Intellectual curiosity</i>					
<i>Motivation</i>					
<i>Study habits</i>					

PERSONAL QUALITIES: Compared to the other students you taught at this level, how would you rate this student in terms of:

Qualities	Excellent	Above Average	Average	Below Average	No Basis
<i>Leadership</i>					
<i>Peer relationship</i>					
<i>Sense of humor</i>					
<i>Creativity</i>					
<i>Reaction to criticism</i>					
<i>Self-confidence</i>					
<i>Integrity</i>					
<i>Taking responsibility for own actions</i>					
<i>Involvement in activities beyond the classroom</i>					

Parent Involvement: Always Frequent Rarely Never

OVERALL RECOMMENDATION

- Highly Recommended Recommended with reservation
 Recommended Not recommended

If the school needs clarification, at what phone number may we contact you? _____

Signature: _____

Date: _____