



## Applicant Recommendation Form

**To the applicant/parent:** please ask your reference to complete this form and **send it directly to** [admissions@subi.org](mailto:admissions@subi.org).

**To the respondent:** The student presenting this form has applied for admission to Subiaco Academy, a Catholic, college-preparatory school for boys in grades 7-12. Subiaco seeks boys of good moral character who have the ability and willingness to handle a challenging college preparatory education. Your help in our evaluation of this applicant will be greatly appreciated and the information provided will be kept in **strict confidence**.

Applicant's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years as his:

English Teacher     Math Teacher     Counselor     Other \_\_\_\_\_

Please evaluate the applicant in the following areas:  
*E- Excellent, G- Good, A- Average, F- Fair, P- Poor, N- No Observation*

### ACADEMIC QUALITIES

Study Habits \_\_\_\_\_

Study Skills \_\_\_\_\_

Classroom Participation \_\_\_\_\_

Classroom Behavior \_\_\_\_\_

Quality of Assignments \_\_\_\_\_

Attentiveness in Class \_\_\_\_\_

Academic Potential \_\_\_\_\_

Extracurricular Involvement \_\_\_\_\_

### PERSONAL QUALITIES

Self Image \_\_\_\_\_

Concern for Others \_\_\_\_\_

Respect For Property \_\_\_\_\_

Responsibility \_\_\_\_\_

Relation to Peers \_\_\_\_\_

Leadership \_\_\_\_\_

Personal Conduct \_\_\_\_\_

Personal Integrity \_\_\_\_\_

In the space below, please state in what ways the applicant may be an asset to Subiaco Academy.

In the space below, please state how the applicant interacts with peers, teachers, and persons of authority.

Please Indicate if there is information that can be better conveyed via telephone.

Yes \_\_\_\_ No \_\_\_\_

Please indicate to what degree you recommend the applicant.

Enthusiastically \_\_\_\_ Confidently \_\_\_\_ With Reservation \_\_\_\_ Do Not Recommend \_\_\_\_

*If the degree of recommendation is "With Reservation" or "Do Not Recommend," please explain in the space provided.*

Respondent's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Zip \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_ School/Organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please forward a PDF of this form via email to:**

[admissions@subi.org](mailto:admissions@subi.org)

**Or fax to:**

**(479) 934 - 1033**