



**National Honor Society  
2009-10 RECOMMENDATION**

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**TO THE APPLICANT**

After completing the relevant questions below, please give this form to the person who will be writing your recommendation. Recommendations may not be received from family members.

Name: \_\_\_\_\_  Female  
*Last First Middle*  Male

Address \_\_\_\_\_  
*Number & Street Apartment # City State Zip*

Grade: \_\_\_\_\_ E-mail: \_\_\_\_\_

**TO THE RECOMMENDER**

The NHS selection committee finds evaluations helpful in choosing qualified candidates. Please fill out this reference form and return it to the student in a sealed envelope with your signature a crossed the back flap. **Please be sure to sign below.**

Recommender's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
*Number & Street Apartment # City State Zip*

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

**Background Information:**

How long have you known this student and in what context? \_\_\_\_\_

\_\_\_\_\_

What are the first words that come to your mind to describe this student? \_\_\_\_\_

\_\_\_\_\_



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**Ratings:** Compared to other students you have worked with, how would you rate this student in terms of:

No Basis		Below Average	Average	Above Average	Excellent
	Respect				
	Responsibility				
	Trustworthiness				
	Fairness				
	Caring				
	Citizenship				
	<b>Overall</b>				

**Evaluation:** Please write whatever you think is important about this student, including a description of characteristics that have been demonstrated in your presence. We welcome information that will help us to evaluate each candidate.