



# Letter of Recommendation Form

**To the Applicant:** Complete this portion prior to giving it to the individual you select to evaluate you. We request recommendations from employers, instructors, ministers, co-workers and/or guidance counselors. We cannot accept recommendations from family members or friends.

Applicant Name (first, middle, last): \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Course of Study: \_\_\_\_\_ Class Start Date: \_\_\_\_\_

I am applying for admission into No Grease School of Tonsorial Arts:

I hereby waive any rights I may have to examine this recommendation as provided in the Family Educational Rights and Privacy Act of 1974.  Yes  No

I certify that all information I have set forth is true to the best of my knowledge, pursuant to any reasonable inquiry where needed. I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may not divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(applicant does not write below this line)

**To The Recommender:** Please evaluate the above applicant for his/her qualifications for admission into barber school by using the scale below and/or writing a statement. If you submit only a statement, please sign this form and attach it to the statement. Be sure the applicant has signed this form before you complete your portion.

Recommendations must be sealed with the signature of the recommender written across the seal. Please forward your completed recommendation to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1) How long have you known the applicant?
- 2) In what capacity have you known him/her?
  - as a student
  - as a person working under your supervision
  - as a co-worker
  - as a parishioner
  - other (please specify) \_\_\_\_\_
- 3) How well do you know the applicant?
  - very well
  - moderately well
  - very little
- 4) What would you list as the applicant's strongest characteristics?
- 5) Are there any special weaknesses?
- 6) If appropriate, please answer the following?
  - Would you want this person enrolled in your class?  Yes  No
  - Would you be willing to have this person work under you?  Yes  No

No Grease School of Tonsorial Arts is committed to equality of educational opportunity and does not discriminate against applicants, students or its employees based on age, creed, color, race, religion, sex, handicap or ethnic origin. No Grease School of Tonsorial Arts is open to everyone and no person will be denied admission, graduation or any other rights and privileges of No Grease School of Tonsorial Arts because of discrimination.

7) In comparison with others of the same general background and experience, how would you rank the applicant in terms of the following:

	Excellent	Good	Average	Below Avg.	Unknown
Intellectual Ability					
Motivation to Study					
Work Habits					
Written Expression					
Oral Expression					
Leadership					
Imagination					
Initiative					
Emotional Stability					
Ability to work with others					

8) In the space provided below, please add any comments that will assist us in making a decision regarding admission into No Grease School of Tonsorial Arts. Your impression of the applicant's scholastic, emotional stability and interpersonal skills will be especially appreciated.

Please return this recommendation form in a sealed envelope with your signature over the seal. Please sign below certifying that all information on this recommendation form is complete and accurate. Also, please provide us with the following information:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Telephone Number: (\_\_\_\_) \_\_\_\_\_ Evening Telephone Number: (\_\_\_\_) \_\_\_\_\_

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

