



ACADEMIC MERIT SCHOLARSHIP Student Recommendation

**To be completed by your
current MATH teacher
(DUE DATE: April 1, 2012)**

Student Name _____
(FIRST) (LAST)

By signing this form, I am waiving all rights to read this confidential form once completed.

Student Signature X _____

Name of Teacher (Please Print) _____

Name of School _____ Phone (____) _____

The information you provide will be held in strict confidence. At no time will the applicant have access to this info.

RATING:	EXCEPTIONAL	AVERAGE	BELOW AVERAGE	POOR	NOT KNOWN
Overall Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior & Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty and Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give one or two specific examples of what makes this student stand out. *(Attach an additional page if more space is needed.)*

Signature X _____ **Date** _____

Please return this form to: Whittier Christian High School • Admissions Office • Phone: (562) 694-3803 ext. 311
(We will accept it emailed, faxed or mailed)

Email: cmorrison@wchs.com

Fax: (562) 697-1673

Mailing address: 501 N. Beach Blvd., La Habra, CA 90631