



## ACADEMIC MERIT SCHOLARSHIP Student Recommendation

**To be completed by your  
current ENGLISH 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"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<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](mailto:cmorrison@wchs.com)**  
**Fax: (562) 697-1673**  
**Mailing address: 501 N. Beach Blvd., La Habra, CA 90631**