

RECOMMENDATION FORM

(To be completed by a teacher, school administrator, clergy member, community leader or volunteer organization leader)

Applicant's
Name _____
First
Middle
Last

The above applicant has submitted an application to participate in the Louisville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Jabberwock Cotillion Program. The candidate asks that you serve as a character and/or academic reference. Your answers should be related to the qualifications of the applicant to maintain superior academic standards, strive for exceptional personal achievement, and exemplify high moral and spiritual attitudes.

Please complete and return to applicant in a sealed envelope with your signature across the sealed closure. Thank you for your assistance. Attach additional sheets if necessary.

1. How long have you known the applicant?

2. Are you related to the applicant? Yes No

3. In what capacity do you know the applicant?

4. Please give us your appraisal of the applicant in terms of the attributes listed below.

	Poor	Below Average	Above Average	Average	Excellent
Leadership Skills					
Maturity Level					
Cooperativeness					
Respectfulness					
Self-Confidence					
Ability to get along with others					
Attitude/Personality					

Please explain why you feel this applicant would be an asset to Louisville Alumnae Chapter Delta Sigma Theta Sorority Incorporated 2022 Jabberwock Cotillion Program. Please attach additional sheet(s) if necessary to answer questions.

Recommender's Name _____ Title _____

Signed _____ Date: ____/____/____
(Recommender Signature)

School Name _____

City _____

Email Address _____