



Greater Fayetteville Adventist Academy
 2601 Lone Pine Drive
 Fayetteville, NC 28306
 910-484-6091
 Secretary.gfaa@outlook.com



Student Recommendation

Student Name _____ Grade _____

An application has been submitted to Greater Fayetteville Adventist Academy for the above named student. To assist us in providing the best educational placement for the student, it would be very helpful to have the form not completed by a family member. Please return this form to the address above as soon as possible. Thank you for your assistance. Your response will, of course, be held in the strictest confidence. It will not be available for student review.

Please give the applicant a rating of 1-12 on each of the characteristics below. Place rating number in the extreme right column. If you are unable to make a judgment, place a “?” in the rating column.

CHARACTERISTICS	1	2	3	4	5	6	7	8	9	10	11	12	SCORE
Health	Weak, often incapacitated			Low vitality			Good, average health			Vigorous health			
Personal Appearance	Undesirable			Careless			Neat, clean			Well-groomed			
Influence Upon Others	Detrimental			Passive			Helpful			Strong influence for good			
Integrity	Frequently dishonest; steals and/or cheats			Questionable at times			Basically honest			Consistently trustworthy & honest			
Friendships	Chooses friends of detrimental influence			Careless in choices of friends			Usually careful in choice of friends			Chooses friends with high standards			
Social Relationships	Disliked			Small circle of friends			Generally, well liked			Exceptionally well liked			
Judgment	Poor sense of values			Jumps to conclusions			Uses good common sense			Uses very good judgement			
Reliability, Trustworthiness	Often irresponsible			Must be supervised			Dependable			Conscientious and reliable			
Industry	Lazy			“Gets by”			Works well			Ambitious			
Cooperation	Self-centered			Cooperates at times			Cooperative			Always tries to please			
Emotional Stability	Tense, excitable, loses control			Occasionally too emotional, moody			Fair well-balanced			Self-controlled, serene, happy			
Spiritual Interest	Negative			Passive			Participates			Active, leader			
Intellectual Ability	Below average			Average			Above average			Superior			

(Continued on other side)



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How long have you known the student? _____ In what relationship? _____

To your knowledge, has the applicant used any of the following: Alcohol Tobacco Illegal Drugs

Please note any disciplinary action, censure, suspension, expulsion, arrest or probation which the applicant has experienced. (use separate page if needed)

Other comments (use separate page if needed)

Name of Person Completing the Form (please print) _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____