



GEORGIA COMPENSATORY EDUCATIONAL LEADERS (GCEL), INC.

SCHOLARSHIP APPLICATION

TEACHER RECOMMENDATION

(Must be Typed. Once completed, please return to student in a sealed envelope)

TEACHER NAME: _____

STUDENT NAME: _____

SUBJECT: _____

GRADE/S TAUGHT: 9 ___ 10 ___ 11 ___ 12 ___

Please check the number that represents your experience with this student as related to the qualities listed below. 5 represents the highest score and 1 represents the lowest score.

Participation in class discussions/on task behavior in class	1	2	3	4	5
Inquisitiveness, interest about class topics and issues	1	2	3	4	5
Ability to synthesize and grasp underlying principles	1	2	3	4	5
Creativity and originality of thought	1	2	3	4	5
Self-discipline, responsibility, and dedication to following through	1	2	3	4	5
Willingness to take academic risks	1	2	3	4	5
Motivation, initiative, and self-starting ability	1	2	3	4	5
Flexibility, willingness to adapt to new situations and accept changes	1	2	3	4	5
Cooperation, Social and emotional maturity	1	2	3	4	5
Academic integrity and honesty	1	2	3	4	5
Consideration and attitude toward other students	1	2	3	4	5
Contributing member of the school community	1	2	3	4	5

As you respond to the following questions, please be sure to include specific details and examples. Brief responses that lack specific information do not provide the selection committee with sufficient information and will result in a lower score.

- 1. What is most unique about this student as he/she relates to other students?**



2. What do you consider to be the most relevant academic strength and weakness of this student?

3. (OPTIONAL) If information that you feel important is not included elsewhere in your recommendation, please feel free to include here.