



**Georgia Compensatory Educational Leaders (GCEL), Inc.  
Scholarship Application  
Teacher Recommendation Form**

(Please return recommendation to applicant in a sealed envelope.)

Teacher Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Subject: \_\_\_\_\_

Grade (s) Taught: 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

Please circle the number that represents your experience with this student as related to the qualities listed below. One represents the lowest score and five represents the highest score.

Indicator	Lowest				Highest
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. Please respond to the following questions on a separate sheet of paper. Must type responses.

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. Please include information not mentioned elsewhere in your recommendation. (OPTIONAL)