STUDENT RECOMMENDATION FORM
SUMMER COLLEGE VOLUNTEER PROGRAM

TO BE COMPLETED BY STUDENT:

Full Name ____________________________________________ College Name ____________________________
Major/Concentration area __________________________________ Year ____________________________
Recommender’s name __________________________________ Title ____________________________

I freely and voluntarily waive my rights of access to any and all information contained in this recommendation, and agree that any comments below will remain confidential.

Student Signature __________________________________________ Date ____________________________

TO BE COMPLETED BY RECOMMENDER:

(Only recommendations from professional sources will be accepted: teacher, professor, guidance counselor, supervisor, coach, mentor, etc)

1. How long have you known the student, and in what capacity?
___________________________________________________________________________________________

2. How would you compare the student to other college students? (Circle one, 1=Below Average, 2=Average, 3=Above Average, 4=Excellent, 5=Outstanding)

   Analytical Skills   1  2  3  4  5
   Verbal Skills      1  2  3  4  5
   Growth Potential   1  2  3  4  5
   Initiative         1  2  3  4  5
   Intellectual Skills 1  2  3  4  5
   Compassionate Nature 1  2  3  4  5

3. Do you think this student has sufficient maturity and integrity to volunteer at a cancer treatment institute?  □ Yes  □ No
   If you have indicated No, please elaborate:
___________________________________________________________________________________________

4. Please tell us about the student. We are particularly interested in the student’s intellectual promise, motivation, maturity, integrity and other qualities that will help us differentiate him/her from others.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Recommender’s Signature __________________________ Title ____________________________ Date __________
Telephone __________________________ Email __________________________

Send to Attention: Winship Volunteer Services at Winship Cancer Institute:
Email: Moniqua.miller@emory.edu or Fax: 404-778-2083