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)

<table>
<thead>
<tr>
<th>Skill</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Analytical Skills</td>
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<td>Verbal Skills</td>
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<td>Growth Potential</td>
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<td>Initiative</td>
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<td>Intellectual Skills</td>
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<td>Compassionate Nature</td>
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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 Name (print) ________________________________  Signature ________________________________

Title ________________________________  Date ________________________________

Telephone ________________________________  Email ________________________________

Send to Attention:  Summer Volunteer Program at Winship Cancer Institute:
Email:  WinshipVolunteer@emoryhealthcare.org  or Fax: 404-778-2083