

Pomona College Academy for Youth Success Recommendation Form 2019

Application Deadline: February 22, 2019 Recommendation Deadline: March 1, 2019 Program Dates: June 16 – July 12, 2019

The student listed below is applying to the Pomona College Academy for Youth Success (PAYS). Please comment on the applicant's overall ability in the following areas, taking into specific consideration academic qualifications, commitment, and maturity. This reference will remain confidential and will be used solely to assist in decisions regarding the admissibility of the student to PAYS. Please note that you should have received an email on behalf of PAYS regarding an online recommendation process, but if you choose to submit a paper version of the letter you may do so by using this form.

pasis, please sign below. I waive any right of access I may have to		, and the second	·		mitted on a confidential
			•		
Applicant's signature:			Date:_		
Please return this reference to the stude can scan and email it to PAYS@pomor				ure across the	e sealed flap <u>OR</u> you
Student's Name:					
Please rate this student as objectively a supervised.				you have taug	ht, mentored, or
Intellectual Curiosity	Top 5 %	Top 10%	Top 30%	Average	Below Average
Creativity				П	
Motivation				П	
Respect accorded by faculty					
Respect accorded by peers					
Honesty/Integrity					
Ability to work and learn from others					
Perseverance					
Seeks help when needed					_
Open Mindedness					
Please use the space below to expand	on two or more	of the aforemer	ntioned qualities	S.	

	form cont.)					
ntellectual Qualitie	es					
Please use the space		on the a	pplicant's ana	alytical	ability and orig	ginality.
Rating/Recommen	dation					
Of all the students you		uld you ı	rate the appli	cant?		
For academic promis	se					
□ Top 5%	□ Top 10%		Top 30%		Average	☐ Below average
or personal promis	е					
For personal promis	e ☐ Top 10%		Top 30%		Average	☐ Below average
□ Top 5%	☐ Top 10%		-		·	•
□ Top 5%	☐ Top 10%		-		·	•
□ Top 5%	☐ Top 10%		-		·	•
□ Top 5%	☐ Top 10%		-		•	•
□ Top 5%	☐ Top 10%		-		•	•
□ Top 5%	☐ Top 10%		-		•	•
□ Top 5%	☐ Top 10%		-		•	•
□ Top 5%	☐ Top 10%		-		•	•
☐ Top 5% Please use the space	□ Top 10%	on the a	pplicant's ove	erall str	rengths and we	eaknesses.
☐ Top 5% Please use the space	□ Top 10% below to comment	on the a	pplicant's ove	erall str	rengths and we	eaknesses.
☐ Top 5% Please use the space Name of Reference (p	□ Top 10% below to comment	on the a	pplicant's ove	erall str	rengths and we	paknesses. Date:
□ Top 5% Please use the space Name of Reference (page 15 page 15 pa	Dlease print):	on the a	pplicant's ove	erall str	rengths and we	
Please use the space Name of Reference (p Signature:	below to comment of the comment of t	on the a	pplicant's ove	erall str	rengths and we	paknesses. Date:



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The Family Educational Rights and Privacy review their educational records. If you work pasis, please sign below.					
I waive any right of access I may have to t	his reference a	and wish that it r	may be submitt	ed confidentiall	y on my behalf."
Applicant's signature:			Date:_		
Please return this reference to the stude can scan and email it to PAYS@pomon				ure across the	sealed flap OR you
Student's Name:					
Please rate this student as objectively as supervised.	s possible in co	omparison to <u>AL</u>	<i>L</i> the students	you have taugh	nt, mentored, or
Intellectual Curiosity	Top 5 %	Top 10% □	Top 30%	Average □	Below Average
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Motivation					
Respect accorded by faculty					
Respect accorded by peers					
Honesty/Integrity					
Ability to work and learn from others					
Perseverance					
Seeks help when needed					
Open Mindedness					
Please use the space below to expand o	n two or more	of the aforemer	ntioned qualities	S.	

(Recommendation form cont.)
Intellectual Qualities Please use the space below to comment on the applicant's analytical ability and originality.
Rating/Recommendation Of all the students you've taught, how would you rate the applicant?
For academic promise
☐ Top 5% ☐ Top 10% ☐ Top 30% ☐ Average ☐ Below average
For personal promise ☐ Top 5% ☐ Top 10% ☐ Top 30% ☐ Average ☐ Below average
Please use the space below to comment on the applicant's overall strengths and weaknesses.
Name of Reference (please print):
Signature:Date:
Title/Department/Organization:Years in field
Relationship to Student (include course, if teacher):
Telephone:Email:
*If you would like to receive more information about PAYS, please email us at PAYS@pomona.edu