Guidance Counselor/Academic Advisor Recommendation Form

This form must be received or postmarked no later than 11:59PM on Friday, April 12, 2024. Completed forms may be submitted via email to poweducation1@gmail.com, or via mail to Pearls of Wisdom Foundation, Inc., ATTN: 2024 Scholarship Committee, P.O. Box 2372, Morristown, New Jersey, 07932-2372.

Student Name:						
GPA:Class Size:	Rank:	not ranked				
Please evaluate the student in the following cat	egories on	a scale	of 1 (lowes	st) to 5 (hi	ghest):	
Academic Performance	1	2	3	4	5	
Intellectual Promise	1	2	3	4	5	
Leadership	1	2	3	4	5	
Motivation	1	2	3	4	5	
Communication/Interpersonal Skills	1	2	3	4	5	
Physical Presentation	1	2	3	4	5	
Please list 3 words to describe the student:						
Counselor/Advisor Name:						
School Name:						
Address:						
Phone:Email:						
Signature:		Date:				