

UPWARD BOUND PROGRAM COUNSELOR RECOMMENDATION FORM

Please complete this form and return to applicant in a sealed envelope marked "Counselor Recommendation" with **standardized test scores, a recent report card, and a high school transcript**. Thank you for your assistance in evaluating this applicant for the Upward Bound Program!

**STUDENT'S NAME** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

Academic Skills/Performance

<b>Very Low 1</b>	<b>Low 2</b>	<b>Medium 3</b>	<b>High 4</b>	<b>Very High 5</b>

Academic Potential for College Success

<b>Very Low 1</b>	<b>Low 2</b>	<b>Medium 3</b>	<b>High 4</b>	<b>Very High 5</b>

Motivation to Complete High School and Attend College

<b>Very Low 1</b>	<b>Low 2</b>	<b>Medium 3</b>	<b>High 4</b>	<b>Very High 5</b>

Need for Academic Support and Career Development

<b>Very Low 1</b>	<b>Low 2</b>	<b>Medium 3</b>	<b>High 4</b>	<b>Very High 5</b>

Interest Level in Math and Science

<b>Very Low 1</b>	<b>Low 2</b>	<b>Medium 3</b>	<b>High 4</b>	<b>Very High 5</b>

Comments / Additional Information:

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Signature \_\_\_\_\_

Date \_\_\_\_\_