OPTIONAL PERSONAL RECOMMENDATION

To be completed by a personal acquaintance

The student whose name appears below is applying for admission to St. Paul’s School. Please use the space provided or attach a letter to this form. Your comments will be most helpful to the Admissions Committee.

Applicant Information

Last name ___________________________ First ___________________________ Middle _____________________________

How long have you known the applicant? __________________________________________________________________________________

How do you know the applicant? _________________________________________________________________________________________

Based on your experience with this student, how will he or she contribute to the St. Paul’s School community? (Please discuss the candidate’s strengths, ability to work with others, and character.)

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Please return this form to the Admissions Office, St. Paul’s School.

ADMISSIONS OFFICE, ST. PAUL’S SCHOOL, 325 PLEASANT STREET, CONCORD, NH 03301-2591
Please honestly assess this applicant:

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<thead>
<tr>
<th></th>
<th>No basis for judgement</th>
<th>Below average</th>
<th>Average</th>
<th>Good</th>
<th>Excellent (top 10%)</th>
<th>Truly outstanding (top 2 or 3%)</th>
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<tbody>
<tr>
<td>Extracurricular Activity</td>
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<td>Athletic Ability</td>
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<td>Relative Maturity</td>
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<td>Composite Rating</td>
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Name _____________________________________________________ Position ________________________________________________

May we contact you? ❑ No ❑ Yes, Telephone _____________________________ E-mail _______________________________________

Signature of writer __________________________________________________________________ Date ____________________________

St. Paul’s School does not discriminate on the basis of race, creed, ethnic origin, disability, or sexual orientation and complies with applicable law for the protection of civil rights. This school is authorized under Federal law to enroll nonimmigrant students.