



The Kinkaid School
Office of Admission and Enrollment Management

SPECIAL INTEREST RECOMMENDATION

Name of Applicant: _____ Grade Applying for: _____

Current School: _____

To the Applicant: Please give this recommendation form to someone who knows you and your strengths well. Most applicants submit a Special Interest Recommendations in the areas of VISUAL AND PERFORMING ARTS or ATHLETICS.

NOTE: ONE Special Interest Recommendation is required, but no more than TWO will be considered.

To the Person completing the form: The above-named applicant has chosen you as a reference for admission to The Kinkaid School. The form will only be considered if all sections are complete. We ask that you discuss the following areas: personal strengths and weaknesses, potential for growth, relationship with peers and adults, and areas in which you would expect the applicant to contribute most at The Kinkaid School. On the second page, we ask that you rate the applicant in the areas of Talent/Ability and Character/Leadership. Please be assured that your recommendation will be kept strictly confidential. **This information should be completed and returned to The Kinkaid School Office of Admission and Enrollment Management by January 15, 2025. Please submit to: admission@kinkaid.org. The candidate's application will not be complete until this form is received.** Thank you for your help.

What is the interest or activity in which you direct the applicant?

If in Athletics, what is the applicant's position? _____

Is this applicant's participation in this activity seasonal or year-round? _____

How many hours per week does the applicant dedicate to this activity? _____

Please share any strengths or assets the applicant would be to the Kinkaid community.

In relation to other students with whom you have worked, evaluate this applicant in the following areas and rate the applicant in **BOTH** sections:

TALENT / ABILITY

<i>Please choose one rating for each category</i>	Exceptional	Excellent	Above Average	Average	Below Average
Commitment to Activity					
Skill Level					
Innate Talent					
Potential					

Using the following scale, with five (5) representing "exceptional" and one (1) representing "below average," please rate the applicant's **POTENTIAL IMPACT TO OUR PROGRAM BASED ON HIS/HER TALENT AND ABILITY.** (Circle **ONLY** one)


5
4
3
2
1

CHARACTER / LEADERSHIP

<i>Please choose one rating for each category</i>	Exceptional	Excellent	Above Average	Average	Below Average
Motivation and Initiative					
Ability to be coached					
Work Ethic					
Reaction to Criticism					
Maturity					
Dependability					
Leadership					
Responsibility					
Integrity					

Using the following scale, with five (5) representing "exceptional" and one (1) representing "below average," please rate the applicant's **POTENTIAL IMPACT TO OUR PROGRAM BASED ON HIS/HER CHARACTER/LEADERSHIP.** (Circle **ONLY** one)


5
4
3
2
1

Please feel free to make any additional comments (use another sheet if necessary).

Name of person completing this form: _____

Title: _____

Name of Organization / School: _____

Phone: _____ Email: _____

Signature: _____ Date: _____