



The Kinkaid School
Office of Admission

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 students submit a Special Interest Recommendation 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 Parent or Guardian: Please write your child's name in the space above, and read and sign the following before giving this to your child's teacher. **Completed forms will only be accepted from the recommender via mail or email to admission@kinkaid.org.**

I understand and agree that the information contained on this Special Interest Recommendation Form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside of the Admission Committee, and I waive any right that I may have to see it.

Signature of Parent/Guardian _____ Date _____

To the Person completing the form: The above-named student 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 to at The Kinkaid School. On the second page, we ask that you rate the candidate in the areas of Talent/Ability and Character/Leadership. Please be assured that your recommendation will be kept in the strictest confidence. **This information should be completed and returned to The Kinkaid School Admission Office by January 13, 2021. 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?

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 bring 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 check 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)



CHARACTER / LEADERSHIP					
<i>Please check 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 *OVERALL CHARACTER / LEADERSHIP*. (Circle ONLY one)



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

Name of person completing this form: _____

Title: _____

Name of organization / school: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____