



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. *NOTE: Most students submit a Special Interest Recommendation in the area of either FINE ARTS or ATHLETICS.*

**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](mailto:admission@kinkaid.org).** *NOTE: Please submit at least ONE Special Interest Recommendation and no more than two, as no more than two will be considered.*

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 \_\_\_\_\_ Date \_\_\_\_\_

**To the Person completing the form:** The above-named student has chosen you as a reference for admission to The Kinkaid School. We ask that you discuss the following areas: personal strengths and weaknesses, potential for growth, relationship with peers and adults, talent and ability, and areas in which you would expect the applicant to contribute most to The Kinkaid School. 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 15, 2020.** **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? \_\_\_\_\_

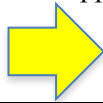
How many hours per week does the applicant dedicate to this activity? \_\_\_\_\_

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:

<b>TALENT / ABILITY</b>					
<i>Please check one rating for each category</i>	<b>Exceptional</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
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

<b>CHARACTER / LEADERSHIP</b>					
<i>Please check one rating for each category</i>	<b>Exceptional</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
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)



5                      4                      3                      2                      1

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

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Name of person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

Name of organization / school: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_