Letter of Recommendation

TO THE APPLICANT: Please type or print the a	iisweis u	o items on	euno	ugn un	ee ai	iu ioiwa	iu uiis ioi	iii to youi	
recommender to complete.									
1NAME OF HIGH SCHOOL									
NAME OF HIGH SCHOOL									
2									
2LAST NAME (Family Name) FIRST	NAME (no r	nicknames)			MII	DDLE NAM	1E		
3. Date this form was submitted to your recom	mender		/		/				
,		Month		Day		Year	_		
I authorize my recommender to release a reco	mmenda	tion and ot	her ir	nformati	ion to	the Gal	away Fou	ndation.	
\square I <u>waive</u> or $\stackrel{.}{\square}$ <u>do not waive</u> my right to see	this com	pleted refe	erence	e form.			,		
4. Applicant's Signature									
							_		
TO THE RECOMMENDER: Please complete the	sections	below and	retur	n this fo	orm t	o the Ga	alaway Fo	undation. T	he
Galaway Foundation will appreciate your help									
limited number of scholarships and prefer to p									l for
academic work and leadership. If you are not	a school	official ski	p item	ıs 5-8 a	ind pr	oceed to	items 9	and 10.	
5. ACADEMIC PROGRAM									
Compared with other college-bound seniors in	your higl	h school, tl	ne qu	ality and	d rigo	r of this	student's	academic	
program is primarily:									
\square Below average \square Average \square A	bove ave	rage	□ \	ery rig	orous		Highest	possible pro	gram
6. GRADE POINT AVERAGE									
Please provide this student's grade point avera	ge for al	l course wo	ork co	mpleted	d in g	rades 9	through 1	1 on a 4.0 s	scale:
/ 4.0 Unweighted gpa	/ 4.0	Weighted (gpa		_	/	Other	scale gpa	
7. RECOMMENDATION									
Please give us your professional recommendat	ion regar	dina this s	tuden	t's prep	aratio	n for st	udv in an	undergradu	ate
university/college program.		. .					,	J 11 J 111	
☐ Not recommended	□ Hi	ghly recom	menc	ded					
☐ Recommended with reservations	□ Hi	ghest poss	ible re	ecomme	endati	ion			
□ Recommended	□ In	sufficient k	nowle	edge to	make	a recor	mmendati	on	
8. CLASS RANK									
This student ranks out of a class of	If this stu	dent is ran	ked fi	irst, hov	v mar	ny other	students	share this	
ranking?				•		-			
If exact rank is not computed, please provide	our hest	estimate:							
□ below the top 50 percent of the class			t of th	ne class			top 5 per	cent of the	class
□ top 50 percent of the class								cent of the	

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9. How	long have you known this student and in what capacity?
10. Ple	ase comment about this student's academic potential, leadership potential, or both.
	m able to comment about this student's \square academic potential and/or \square leadership potential. ADEMIC POTENTIAL
	Statements about academic potential will address the student's past academic performance, study skills, writing skills, motivation for college work, record of completing work on time, and any other matters that may impact on college performance.
<u>LE</u>	ADERSHIP POTENTIAL Statements about leadership potential will address the student's ability to motivate and provide direction for the work of others, leadership style, and interpersonal relationships. Please provide examples.

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NAME/SIGNATURE OF RECOMMENDER:

Note:

- Your typed name and contact information will be sufficient if you are completing this form electronically.
- The Foundation prefers that this document (or a scanned facsimile) be sent by email to Andrew Galaway, President of the Galaway Foundation, at: info@galawayfoundation.org

Name:			Date:		/	
				Month	Day	Year
Signature:						
	Organization:					
	Telephone:	 				
	Email:					
	Postal address:					