

**2017 Recommendation  
Individual Applicant**

<b>Student's Name</b>			
<b>Student's High School</b>			
<b>Recommendation</b>			
<i>Any adult who has supervised this student may fill out this form (e.g., teacher, coach, extracurricular activity leader, etc.). The adult cannot be related to the student or living in the same household with the student.</i>			
<b>Recommender's Name</b>			
<b>Recommender's Position &amp; Employer</b>			
<b>1. How do you know this student? Please describe.</b>			
<b>2. If a teacher, indicate the grades and subjects in which you taught this student.</b>			
<b>3. How long have you known this student? (years/months)</b>			
<b>4. Do you recommend this student? Check only one.</b>		<input type="checkbox"/> Enthusiastically	<input type="checkbox"/> I do not recommend this student (go directly to signature)
		<input type="checkbox"/> With some reservations	
<b>5. Check which traits best describe this student.</b> <i>Check all that apply.</i>		<input type="checkbox"/> sees perspectives others don't see.	<input type="checkbox"/> inquisitive and curious.
		<input type="checkbox"/> able to "dive deep" into topics and grasp underlying principles.	<input type="checkbox"/> coachable; accepts constructive criticism and applies it.
		<input type="checkbox"/> creative with originality of thought.	<input type="checkbox"/> self-disciplined, responsible & follows through on projects.
		<input type="checkbox"/> self-motivated; shows initiative and drive.	<input type="checkbox"/> flexible; adapts to new situations & accepts change.
<b>6. In what way is this student socially and emotionally mature?</b>			
<b>7. Describe a situation where this student exhibited ethical behavior and/or integrity.</b>			

8. If you have observed this student in a group project scenario, tell us how he/she functioned as a member of the team.

9. What is most unique about this student? If you are aware of any hardships/conditions (social, emotional, otherwise) that may affect this student's participation in GSE, please note them here.

10. Based on your experience with the student, how do you think GSE will impact this student?

Please provide any other information you would like us to know about this student.

**Signature**

Mark boxes to confirm.

  

- I certify that I am not related to this student and do not live in the same household as this student.
- I do not mind being contacted by GSE.

**Signature:**  
*(must be written)*

**Date:**

**Email:**  
*(required)*

**Phone:**  
*(Required)*

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**Where to Send**

Please email your completed and signed form to: **keen@keenstart.org**

*Alternately, the form may be sent by: **Fax:** 859.568.2199 or*

*Mail: Governor's School for Entrepreneurs, PO Box 910130, Lexington, KY 40591*

**Recommendation must be received BY THE APPLICATION DEADLINE of January 4<sup>th</sup>, 2017.**

Available online: [KentuckyGSE.com](http://KentuckyGSE.com) > [Entrepreneurs & Parents](#) > [Apply](#) > [Recommendation Forms](#)