



CHARLESTON COLLEGIATE SCHOOL
 2024 Academy Drive, John's Island, South Carolina 29455
 Tel: (843) 559-5506, Fax: (843) 559-6172
 Email: info@charlestoncollegiate.org

Extracurricular Recommendation

THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN:

Applicant's Name	Parent/Guardian's Name
Address	Current Grade Level
City, State, Zip	Extracurricular Sponsor's Name
Home Telephone	

Please choose one person who has sponsored you in an extracurricular activity during the past two years. This might be a scout leader, youth minister, athletic coach, or fine arts teacher.

THIS SECTION TO BE COMPLETED BY THE SPONSOR:

The applicant named above is applying to Charleston Collegiate School, a coed, college prep school for students in grades preschool through twelve. Please respond to the following statements about the applicant. Your candor and thoroughness will allow the Admissions Committee to make a decision that is in the best interest of the applicant. **Your responses will be kept strictly confidential.**

Applicant's Name
Activity from which you know the applicant
Position you hold within this organization

<i>Please rate the applicant in the following areas:</i>	Excellent	Good	Average	Poor	Not Known
Activity achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of time and work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long and in what capacity have you known this student? _____

How much time does the applicant spend on your activity per day/per week? _____

What are the first few words that come to your mind to describe the applicant? _____

What are the applicant's particular strengths in the activity you sponsor? _____

What capacity for continued growth does the applicant possess within this particular activity?

Do you believe this applicant would pursue this activity at CCS? _____

How would you recommend this applicant?
____ With great enthusiasm ____ With confidence ____ With reservation (*please explain*)

If you cannot recommend this applicant, please explain: _____

Printed Name

Daytime Telephone Number

Signature

Evening Telephone Number (optional)

Date

RETURN THIS FORM TO: **Office of Admissions**
 Charleston Collegiate School
 2024 Academy Drive
 John's Island, SC 29455

Charleston Collegiate School welcomes qualified students of any race, religion, or ethnic origin.