

Student's Name

To the Recommender:

## **The First Star Kent State Academy**

Date of Birth:

## **Adult Recommendation Form**

This section should be completed in confidence by any adult involved in the student's life (e.g., teacher, counselor, social worker, mentor, pastor, attorney).

Thank you for taking the time to provide your confidential insight and thoughts regarding this student who is applying for the First Star Kent State Academy. The Academy is an intense, highly supportive and personalized college access program designed to provide youth in foster care with the academic support, encouragement and enrichment needed to assist them in becoming competitive college applicants.

Your insight will help us ensure the program is the rig	ht fit for your stude	ent.			
Once you have completed the recommendation p	lease email your	recommer	ndation directly to: firststa	arinfo@kent.edu	
RECOMMENDER'S INFORMATION					
Name:		Phone #:			
		E-mail:			
School/Organization:		Title:			
Relationship to student:		How long have you known the student?			
I recommend this student for the First Star Academy:					
	Do not		Recommend with	Enthusiastically	
	recommend		reservations	recommend	
Academic potential					
Character and maturity					
Ability to work well with others					
Overall recommendation					







## **The First Star Kent State Academy**

Please answer the following questions (attach extra pages if necessary):						
Why do you believe this student is a good candidate for the First Star Academy? What behavior has this student demonstrated to you that shows he/she will benefit from this opportunity?						



