



**College Assistance Program
Recommendation Form
Student/Applicant Part**

- 1. CAP Applicants please fill out ONLY the top portion of this and give the rest to 2 school professionals (e.g., guidance counselor, resource room teacher, etc.)
- 2. Student/Applicant's name (please print) _____
- 3. I recognize the confidential nature of this document and I:
 Waive my right to access it Do not waive my right to have access to it
- 4. Student/Applicant's signature (if 18 years old) _____ date _____
- 5. Parent/Guardian signature _____ date _____

Counselor Part

- 1. Counselor's Name _____ phone(____) _____
- 2. Counselor's email _____ @ _____
- 3. High School _____ Address _____
- 4. How long have you known the applicant, and in what capacity

Please comment on the following items which reference the student's ability and character.

NOTE: If your school district prohibits you from checking off these questions, you must address all of the characteristics and abilities in the letter you submit to us as this is part of CAP's admission process.

	Poor	Fair	Average	Above Average	Superior	NA
Integrity						
Maturity						
Motivation						
Perseverance						
Academic Potential						
Flexibility						
Honesty						
Commitment to Academic Support						
Gets Along With Other						
Appropriate Behavior						

Use the space below or an attached letter to describe the applicant in terms of his/her strengths and weaknesses, interest and utilization of structured support services, motivation for college, perseverance and any other critical pieces of information we should know when evaluating this student's fit for the College Assistance Program. Thank you!

Please mail completed document to:

College Assistance Program

715 North Avenue, New Rochelle, NY 10801

Fax: (914) 633 2011