

**High School Counselor
Recommendation Form**

Please complete this form and attach the student's transcript. Consideration will not be made until a current transcript is received. **Deadline: November 15, 2023, before 11:59 p.m.**

Please email this recommendation form and the student's transcript to:
scholarshipcommittee@zbcmarietta.org

Student's Name: _____ Student's GPA: _____

Based on my knowledge of this scholarship and this student, I,

_____ NAME _____ TITLE

(Circle one)

Highly Recommend

Recommend

Do Not Recommend

**If you do not recommend this student, please explain why.

Please rate the student's potential for being successful in the pursuit of post-secondary education.
(Use the scale below).

POOR

BELOW AVERAGE

AVERAGE

ABOVE AVERAGE

EXCELLENT

Please comment on your rating.

Academic Achievement

How would you rate this student's academic achievement?

POOR

BELOW AVERAGE

AVERAGE

ABOVE AVERAGE

EXCELLENT

Academic Transcript

An official transcript has been emailed:

Yes

NO Please Explain

Counselor's Signature: _____ Date: _____

High School: _____ Telephone #: _____