

STUDENT INFORMATION

Complete only this section of document before submitting form to principal or counselor for final completion and authorizing signature. **TYPE or PRINT LEGIBLY (Using BLUE or BLACK INK).**

Full Name:

Name of High School:

City/State: Date of Birth:

STUDENT EVALUTION

This section of form should *only* be completed by the **Principal or Counselor**.

Principal/Counselor Name:

School Year Completed by June 2026: Sophomore Junior Senior

Current Class Ranking: _____ of _____ students **Current GPA:** _____ 3.0 GPA or higher is required (Other GPA's will be considered by your recommendation letter)

		1	2	3	4	5
Please rate student from 1 to 5 with number 5 being the highest on the following characteristics:	Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Acceptance of authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space to write a short recommendation letter on behalf of the student.

By filing out this form, you **APPROVE** this student's application to South Carolina Business Week and will encourage him/her to make every effort to attend the program and be a productive participant.

Principal/Counselor Signature: _____ Date:

Phone Number: