

**SUMMIT ACADEMY HIGH SCHOOL CHAPTER
TEACHER RECOMMENDATION**



Name of Candidate: _____

Teacher: Check the appropriate section below for your recommendation of this candidate for membership into Summit Academy High School’s Chapter of the NHS. Return this signed form to the candidate in a signature-sealed envelope. **Please keep this letter confidential.**

Student: Please be considerate by requesting recommendations at a convenient time. Please select a teacher that will give you a good recommendation. You may select a past or current teacher. It is your responsibility to provide your teacher with an envelope. Please do not ask the Front Office for an envelope.

Selection for membership is determined by the Faculty Council and is based on outstanding scholarship, character, leadership, and service.

Once selected, members have the responsibility to continue to demonstrate these qualities.

_____ I recommend this candidate for membership in NHS.

_____ I recommend this candidate for membership in NHS, but with reservations.*

_____ I do not recommend this candidate for membership in NHS.*

Teacher Signature

Subject Taught

Date

*Please send an attachment explaining your choice.

