

Due Friday, May 15th, 2026

Student Recommendation Form

Name of student: _____

School: _____ Current grade of student _____

We value your professional opinion in our assessment of this student. Please complete it in a timely manner, as the student's application is not complete without it. Thank you for taking time to fill out this form.

Date: _____ Name of Recommender: _____

Home phone: _____ Work Phone: _____ Email: _____

In what capacity have you known this student?

____ Teacher ____ Community Leader ____ Other, please specify: _____

How long have you known this student? _____

1. Tell us any Special attributes this student has that need to be taken into consideration.

2. To be considered for Konaway Nika Tillicum, students must show a personal commitment to attend and participate. How has this student shown interest, specifically related to the program?

3. Please indicate which of the following apply to the applicant. In addition to being highly motivated or identified as talented and gifted, we look for characteristics in the following areas. Please explain in the text box below.

	Yes	No
Proven leadership ability		
Special talent(s)		
Ability in the visual and/or performing arts		
Creative or productive thinking ability		

Give examples illustrating the categories checked above.

4. How can this student benefit from Konaway Nika Tillicum?

5. Are there any behavioral characteristics (e.g., self-discipline, respect for rules and people in authority) that we should know about that would help us better serve this student?

6. Do you feel it would be beneficial for us to contact you by phone? Yes No

Thank you for taking the time to complete this recommendation form.
We value your professional opinion in the assessment of this student.

Please return form via:

By mail: SOU Youth Programs or Email: youthprograms@sou.edu
Attn: Konaway Nika Tillicum
1250 Siskiyou Blvd.,
Ashland, OR 97520

KEEP CONFIDENTIAL Do not return this document unsealed through a parent or student