St. Francis Preparatory School Named (Need-Based) Scholarship Recommendation Form

Recommender: Please complete this form and email it from an official school or organization email address to admissions@sfponline.org. Alternatively, please fill in form, sign it, place in a school or official envelope, sign over the seal, and mail the form to:

St. Francis Preparatory School  
ATTN: Admissions Office  
6100 Francis Lewis Blvd.  
Fresh Meadows, NY 11365

Student Name: ___________________________________________

Current School:___________________________________________

Subject (or activity) in which you teach (supervise) this student:_________________________________________ If applicable, what type of grades does this student usually obtain on work in your class?

☐ A   ☐ A-B   ☐ B-   ☐ C   ☐ C-D   ☐ D or Below

Does this student give his/her best effort when asked to complete tasks, assignments, or activities?

☐ Usually   ☐ Sometimes   ☐ Sporadically   ☐ Rarely

Does this student positively influence the school Community?   ☐ Yes   ☐ No   ☐ Unsure

Does this student act like he/she wants to be there?   ☐ Yes   ☐ No   ☐ Unsure

How would you characterize this student’s attitude and/or behavior? Please list this applicant’s one or two best character qualities: _______________________________, __________________________________________

If the student has struggled academically or behaviorally in your classroom, are you seeing any improvement? Please describe briefly: ____________________________________________________

Would you like to see this student awarded a Need-Based Scholarship to help him or her attend and afford St. Francis Preparatory School? Please give a brief explanation as to why or why not. Student and Parent issues or circumstances that would strengthen why the student should be awarded specifically a Need-based Scholarship should be included here

________________________________________________________________________________________________

Recommender’s Signature: ____________________________________________ Date: ____________

Name (Print): ____________________________________________

Note: Scholarship funds are limited, so we need your honest input in order to recruit the students and families that best fit our mission statement. Your input will not be shared with the family and will only be viewed by the Scholarship Committee and the personnel in the Finance Department who are preparing the application packet for review.