GOVERNOR'S SCHOOL FOR THE ARTS

COUNSELOR RECOMMENDATION FORM

To the applicant:

Print your name below in: 'Applicant's Name' Blank.

Send this form to the person who will complete the recommendation. Include a stamped envelope addressed to:

GSFTA

plicant's Namene of Reference				
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lress			Phone: ()	
, State, Zip Code.			_	
r Colleague:				
above-named individual has appl				
s position involves working with g	ifted and talent	ed high school	students. The	duties include
supervising students in the dormit	ories, helping v	vith student adj	justment and di	iscipline, and a
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communicate effectively with fact				
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