



AMERICAN
FARM SCHOOL
Thessaloniki Greece

Greek Summer

A COMMUNITY SERVICE & TRAVEL ODYSSEY

RECOMMENDATION FORM

_____ (PLEASE PRINT) is applying for **Greek Summer**, a **five-week, community service, home stay and intercultural experience** for high school students. We want to select participants who can contribute to and benefit from a program that includes **hard work, close group living** and an **introduction to the people and places of Greece**. We would appreciate any comments that would help us know the candidate better; especially those that would help us judge his/her readiness for this type of experience. Please rate the applicant compared to his/her peers and discuss the following questions using extra sheets if necessary.

Attribute/Rating	Below Average	Average	Good	Very Good
Motivation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intellectual Curiosity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Independence, Initiative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Team Work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Potential for Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Maturity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Self-Discipline	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Comment on the character, individuality and scholastic motivation of the candidate.
2. Do you recommend this candidate for **Greek Summer** program? Are there any reservations you believe should be considered prior to reviewing the application?
3. What do you feel the candidate can contribute to **Greek Summer**?

Please also take some time to fill in the following information about yourself.

Relationship to applicant: _____		Time that you have known the applicant: _____	
Contact Details			
Address: _____			
City: _____	State: _____	Zip: _____	
Tel: () _____		Email: _____	
Name (PRINT): _____		Signature: _____	

After completing this **Recommendation Form** please return it to:

Greek Summer Admissions 54 Marinou Antipa Street, PO Box 23 551 02, Thessaloniki Greece or to greeksummer@afs.edu.gr
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If you are interested in learning more about the **Greek Summer** Program please visit us at www.afs.edu.gr/greeksummer.