

YOUNG MARINES ADMISSION APPLICATION

TEACHER RECOMMENDATION

Instructions: A current teacher must complete form. A check mark should be entered under the category that best describes the student.

Student Name (Print) _____ Student ID No. _____
Last First

DOB _____ Student Grade _____ Current School _____

Recommending Teacher Name (Print) _____ Subject Taught _____

	Excellent	Good	Average	Needs Improvement
Motivation/Initiative				
Self-Confidence				
Ability to Adapt to Situations				
Commitment to Academic Achievement				
Willingness to Work Hard				
Personal Integrity/Honesty				
Leadership				

Additional Teacher Comments/Feedback _____

Teacher Contact Number for Additional Comments (Optional) _____

Teacher Signature _____

Date _____

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MENTOR RECOMMENDATION

Instructions: A mentoring adult must complete form. A check mark should be entered under the category that best describes the student.

Student Name (Print) _____ DOB _____ Student ID No. _____
Last First

Mentor Name (Print) _____ Mentor Title _____

Relationship to Student _____

	Excellent	Good	Average	Needs Improvement
Motivation/Initiative				
Self-Confidence				
Ability to Adapt to Situations				
Commitment to Academic Achievement				
Willingness to Work Hard				
Personal Integrity/Honesty				
Leadership				

Additional Mentor Comments/Feedback _____

Mentor Contact Number for Additional Comments (Optional) _____

Mentor Signature

Date

