



Fairfield Christian Academy
Chapter of
The National Honor Society
Recommendation Form

This can come from a former or present adult leader, teacher, coach, pastor or employer. Only 1 of these recommendations can come from a former or present teacher. Please give this form to the recommender at least 10 days prior to the deadline.

STUDENT NAME: _____ **GRADE:** _____

EVALUATOR _____

COURSE/ACTIVITY _____

Please give your candid opinion of the above student's personal qualities, spiritual maturity, and leadership skills. Provide specific examples where possible. (Please attach another page if additional space is needed.)

I recommend this student: (please check one)

- ___ - strongly recommend
- ___ - recommend
- ___ - with reservation

SIGNATURE: _____ **DATE:** _____

Please mail to: NHS Advisor, Fairfield Christian Academy, 1965 N. Columbus Street,
Lancaster, Ohio 43130
Or e-mail to: bknechtel@fcaknights.us