



**Delta Sigma Theta Sorority, Inc.
St. Petersburg Alumnae Chapter
Beautillion Program**

OFFICIAL RECOMMENDATION FORM

Each candidate must submit a minimum of two recommendation forms. Teachers, administrators, community or church leaders, coaches or employers may complete this form.

Please type or print the following:

Student's full name: _____

How long have you known the candidate: _____

In what capacity have you known the candidate: _____

Based on your knowledge, please complete the following:

| | Poor | Fair | Very Good | Outstanding |
|---------------------------|------|------|-----------|-------------|
| Leadership | 1 | 2 | 3 | 4 |
| Maturity and Judgment | 1 | 2 | 3 | 4 |
| Motivation and Initiative | 1 | 2 | 3 | 4 |
| Personal Integrity | 1 | 2 | 3 | 4 |
| Poise | 1 | 2 | 3 | 4 |
| Responsibility | 1 | 2 | 3 | 4 |
| Comments: | | | | |

You may also provide a brief statement of recommendation and support for the candidate on a separate sheet of paper. Include in a sealed envelope to be returned to the candidate. Please type or print clearly.

Recommended by:

Name (printed): _____

Signature _____

Email Address: _____

Phone Number: _____

Relationship: Administrator Teacher Coach Employer
 Community or Church Leader Other