



PEER REFERENCE FORM

TO THE STUDENT APPLICANT: Complete the *Permission to Release* section and give this form to a peer in your age group who knows you well. He or she must have interacted with you regularly and recently (examples include classmates, teammates, coworkers, etc). He or she must also NOT be a family member. He or she should send completed recommendation to *TADS Admissions and Enrollment* via fax to **612.548.3326** or via postal mail to **110 N 5th St. Second Floor, Minneapolis, MN 55403**. If you need assistance uploading this form please contact the admissions office at admissions@alzarschool.org.

Permission to Release Reference Form

Student's Name: _____ Peer's Name: _____

Relationship to Student: _____

I understand that the information my references provides in this form is confidential. It will be used only as part of the admissions process.

Student Applicant Signature: _____ Date: _____

TO THE PEER REFERENCE: The student named above is applying for admission to the Alzar School (www.AlzarSchool.com), a semester leadership program based in Cascade, Idaho that offers a challenging, college-preparatory curriculum featuring expeditions around the US and to Chile.

The Alzar School is for motivated students and **is not appropriate for students experiencing emotional, behavioral, or academic issues**. We are seeking self-disciplined, motivated, community-minded students who are eager to work hard, both within and outside the classroom. Your honest evaluation of this student applicant is an essential part of our admissions process. With this in mind:

How well do you feel you know him/her? Very Well Fairly Well Not Very Well

What qualities come to mind when you think of this teenager? _____

Compared to your friends and classmates, please rate this student:

	Of highest caliber	Excellent	Above average	Average	Below average	No basis for comparison
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to other teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the following questions to help us learn more about the applicant. Please use specific examples whenever possible.

Please describe your relationship with this student.

How have you witnessed the applicant function as a leader? What qualities does he/she exhibit that demonstrate leadership potential? How could the applicant improve as a leader?

How does the applicant add value to a community or group? How would you describe the relationships he/she forms with others in your age group?

What personal qualities are the applicant's strongest? What personal qualities should he/she work on?

What challenges might he/she face during a semester at the Alzar School?

Check this box and leave your contact information below if you would like us to contact you directly about this applicant. Please return this form as soon as possible, as admission is competitive. Please send completed recommendation to *TADS Admissions and Enrollment* via fax to 612.548.3326 or via postal mail to 110 N 5th St. Second Floor, Minneapolis, MN 55403

Peer Reference's Signature: _____ **Date:** _____

Contact Information: _____