PACE Recommendation Form

Student's Name _____ **High School** _____

This form must be completed by a **high school counselor, teacher, advisor, employer, coach, or any adult that can accurately identify the student's educational drive and potential.** PLEASE TYPE OR PRINT OR ATTACH AN ADDITIONAL FORM.

> ***PACE*** offers students the opportunity to take college classes while still in high school, for free.
> ***PACE*** students take courses on Saturdays during the school year, and for six weeks during the summer.
> ***PACE*** students are dedicated, hard-working, and focused on earning a college education.

1. Please comment on the student's **academic skills and personal characteristics** (maturity, integrity, commitment, motivation).

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2. Please provide any **additional information** that may assist the selection committee with its decision. (Example: student's strengths, weaknesses or extracurricular activities that might qualify or preclude the student from the full benefit of the PACE Program.)

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Signature of person who filled out the recommendation form: _____

Printed name of person who filled out the recommendation form: _____

Position / Title: _____ Date: _____