

Helping Every Little Person Membership Recommendation

Applicant's First Name & Last Name _____ Grade: _____

Applicant's Signature _____

NOTE TO EVALUATION:

Please compare the applicant with others of the same age and comment on the applicant's ability to be successful in the H.E.L.P. program.

| | Outstanding | Above Average | Average |
|----------------------|-------------|---------------|---------|
| Achievement | _____ | _____ | _____ |
| Behavior | _____ | _____ | _____ |
| Dedication | _____ | _____ | _____ |
| Motivation | _____ | _____ | _____ |
| Leadership Abilities | _____ | _____ | _____ |

In your opinion, does the applicant have the motivation and ability to be apart of rhe H.E.L.P. program? YES Yes with hesitation NO

Name of Evaluator & Signature : _____

*The applicant should provide the evaluator with an envelope.
*PLEASE SEAL THE ENVELOPE AND SGIN OVER THE SEAL.

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