



**Queen of Peace High School**  
**Service and/or Leadership Award Recommendation Form**

**INCOMING FROSH**

**Part One** To be completed by the student

Name: \_\_\_\_\_

Grade next school year: \_\_\_\_\_

**Part Two** To be completed by the teacher, church or community member

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

What is your relationship to this applicant? \_\_\_\_\_

Comments: (Use the reverse side if necessary or attach a separate sheet).

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\_\_\_\_\_ Signature

\_\_\_\_\_ Date