



Exodus to Excellence

Center for Youth and Young Adults

Student Name _____

APPLICATION FORM: *Mail or Fax completed form and records to:
Exodus to Excellence, 5240 Chestnut Street, Phila, PA 19139 Fax: 215-474-0307*

School Counselor Recommendation

Student displays motivation, cooperation and good working and study habits
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Student has no behavioral/disciplinary concerns or issues
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Student has good attendance record and rarely late for school
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Pls. provide additional comments that may be helpful in evaluating candidate's application

Counselor Signature:	Date: