



# K. International School Tokyo

## Confidential Recommendation

### for Future Horizons Scholarship Program Applicants

**To be completed by a senior administrator (i.e. Principal) at the applicant's current school**

Student's Name \_\_\_\_\_  
 (Passport name) (Family) (First) (Middle)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_ Current Grade \_\_\_\_  
 month day year

Name and title of person completing this form \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

How long and in what capacity have you known the applicant?

\_\_\_\_\_

Evaluate the candidate on his or her performance in the classroom. Please check (✓) the table below.

No opportunity to observe	Academic Qualities	Poor	Average	Good	Excellent
	Ability to work independently				
	Academic achievement				
	Academic potential				
	Class participation				
	Communication skills				
	Mathematics performance				
	Organization skills				
	Reading performance				
	Study habits				
	Writing performance				

Evaluate the candidate in relation to his or her classroom peers. Please check (✓) the table below.

No opportunity to observe	Personal Qualities	Poor	Average	Good	Excellent
	Adaptive/flexible				
	Attention/focused				
	Co-curricular involvement				
	Honesty				
	Leadership				
	Personal behavior				
	Relationship with adults				
	Relationship with peers				
	Self-confidence				

1. What are the candidate's strengths or special abilities?

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\_\_\_\_\_

2. In what areas, if any, would you like to see the candidate improve?

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3. What 3 adjectives would you use to best describe the candidate?

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4. Has the applicant demonstrated any behavior related challenges? If so, please describe.

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5. How would you describe the candidate's contributions to your school outside of the classroom?

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6. How would you describe the applicant's parents' cooperation with and support of teachers, counselors and administrators?

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6. The objective of the Future Horizons Scholarship Program is to provide support to students with proven excellence in academics who, without financial support, would not be able to access quality education. In line with this objective, how would you describe the applicant family's financial context and level of financial need?

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Senior Administrator's Signature

Date

**KIST appreciates your expertise in completing this recommendation. Please give the completed recommendation to the applicant/parents in a sealed envelope, signed across the seal, or fax it directly to KIST at (+81) 3.3642.9994. Thank you very much for your cooperation.**