

Tribal Leader or Community Member Recommendation Form

Santa Fe Indian School Office of Admissions | (505) 989-6370 | www.sfis.k12.nm.us



The tribal leader or community member completing this form should be of no relation to the applicant.

Applicant's Name: _____
First MI Last

Applicant's Tribe/Community: _____

Recommender's Name: _____
First MI Last

How long have you known the applicant? _____

How do you know the applicant? _____

Describe the personal strengths and weaknesses of the applicant (i.e., motivation, enthusiasm, integrity, relationships with peers, self-confidence, initiative, sense of humor, etc.):

Identify and describe the strengths the applicant possesses with regard to traditional activities, arts, crafts, and/or music:

	Rarely (25% of the time)	Occasionally (50% of the time)	Usually (75% of the time)	Consistently (90% of the time)	Always (100% of the time)
Participates in tribal activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses native language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest to learn traditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a role model for peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares about community welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By my initials, I verify I am not related to the applicant. _____
Initials

 Signature

 Date

Please provide the completed form to the parent/guardian or the applicant. Your support of the applicant is appreciated.