

Santa Fe Indian School Admissions Office

P.O. Box 5430 Santa Fe, NM 87505 | Telephone: (505) 989-6370 | Fax (505) 989-6338 | www.sfindianschool.org



Tribal Leadership and Community Members Recommendation Form

(This form should not be completed by a relative, i.e. Aunt, Uncle, Godparent)

SY2022-2023 Online New Student Application

Name of Applicant: _____ Applying for Grade: _____
First Middle Last

Community/Tribe: _____

Please describe the personal strengths and weaknesses of the applicant (motivation, enthusiasm, integrity, social adjustments with peers, self-confidence, initiative, sense of humor):

Please identify and describe the strengths this applicant possesses with regard to traditional activities, art/crafts, music:

The applicant:	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"/>
Please rate the applicant:	Below Average (Bottom 25%)	Average (Middle of Class 50%)	Above Average (Top 25%)	Outstanding (Top 15%)	Exceptional (Top 5%)
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____ Relationship to applicant: _____

Signature Position Date

Print Name Community Name Phone

Thank you for taking the time to support this student.
 Please return the form to the applicant or mail to the SFIS Admissions Department.