



Stars For Tomorrow

Recommendation Form for _____ (Student's name)

	5 Always Models	4 Usually Models	3 Sometimes Models	2 Seldom Models	1 Does not Model
Actively applies the four STAR principles in all aspects of life.					
Safe: Safe in the hallways, safe in the common areas. Keeping hands and feet to ourselves. Making safe choices in and out of school.					
Tolerant: Understanding that we are all unique and appreciating and celebrating this uniqueness, not calling it out and bashing it. Being willing to accept change and the ups and downs of a typical day. Being nice to others and being positive.					
Accountable: Homework done on time, be where you are supposed to be on time, and own up to mistakes you make. Be there for you, be there for others, be there for each other. People can depend on you.					
Respectful: Golden Rule, be kind in words, body, and action. Understand we are all different and understand there will be difficult days, but respect the process, respect others, respect the school.					

Further comments:

Signature of the person completing this form.

_____ **Phone #** _____



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Application Form

Describe specific examples showing how you have used the four STAR principles. Feel free to use additional paper for more room. Please type or write legibly. For example, I accidentally ran through my neighbor's garden, chasing a fly ball, and trampled some flowers. I went to them, admitted what I had done, and asked what I could do to fix the damage. I now help weed the garden until the end of this summer. This is how I demonstrate accountability.

1. SAFE -

2. TOLERANT -

3. ACCOUNTABLE -

4. RESPECTFUL –

5. What makes me the best candidate for this award?



**Stars For
Tomorrow**

**Applicant's Information
Due First Friday in May**

Name _____

Address _____

Phone # _____

Parent's Names _____

Names of the two adults (not related to you) that will be completing your recommendation forms:

1. _____ Phone # _____

2. _____ Phone # _____

I attest, that I, _____, will be entering
(your name)
the 9th grade at Carlisle Community High School in the fall.

**Return this information form, the completed application form, and your two recommendation forms to the counselor's office or mail to:
Carlisle Alumni Association
P.O. Box 3, Carlisle, IA 50047**