

# Character Recommendation

## Part 1 – To be Completed and Signed by Applicant

Please print or type Part 1. Part 2 must be completed by a coach, work supervisor, youth leader, minister, teacher, or other adult who is familiar with your character. Your application cannot be considered until CCCA receives this form.

Name of Applicant \_\_\_\_\_  
Surname (Last Name) First (Given Name) Middle Preferred Name

Address \_\_\_\_\_  
Number and Street City State/Province Zip/Postal Code Country

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number \_\_\_\_\_  
Month Day Year

High School or College (attending/attended) \_\_\_\_\_

### Applicant's Waiver of Right of Access to Confidential Statement

I hereby voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

\_\_\_\_\_  
Applicant Signature Date

## Part 2 – To be Completed and Signed by a coach, supervisor, youth leader, minister, teacher or other adult non-family member.

Each applicant to Compass College of Cinematic Arts must submit a character reference form. We value your comments, and request that you give a full and candid report so that fair consideration may be given to the applicant.

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? (Circle all that apply.)

By name/sight

Very well/numerous personal contacts

Casual/few personal contacts

Know the family quite well

