

*Instructions:*  
*Return to Brunswick High School*  
*Attention: Ms. Campagnoli by 3:00 p.m. February 27, 2006*

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Student's Last Name	First Name	ID #
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**APEX SCHOLARS PROGRAM**  
**BRUNSWICK HIGH SCHOOL**  
101 Cummings Drive  
Brunswick, Maryland 21716

**LIST OF REFERENCES**

Please provide the names of four teachers to whom you have given the evaluation forms (Form E). Four check-off evaluations must be from current teachers of **academic eighth grade** courses. The recommendations may be in the content areas of English, Foreign Language, Math, Science or Social Studies.

**EVALUATIONS**

1. Teacher's Name \_\_\_\_\_  
Position/Subject Taught \_\_\_\_\_
2. Teacher's Name \_\_\_\_\_  
Position/Subject Taught \_\_\_\_\_
3. Teacher's Name \_\_\_\_\_  
Position/Subject Taught \_\_\_\_\_
4. Teacher's Name \_\_\_\_\_  
Position/Subject Taught \_\_\_\_\_