

**SIU**  
CARBONDALE

SOUTHERN ILLINOIS UNIVERSITY  
**SCHOOL OF  
ACCOUNTANCY**



**S.O.A.R.**  
Saluki Opportunities in Accounting Residency Program

**SOAR**

**Saluki Opportunities in Accounting Residency**

**2022 SUMMER PROGRAM RECOMMENDATION**

Southern Illinois University  
Carbondale, IL  
June 19 - June 25, 2022



# 2022 SIU SOAR Program

## RECOMMENDATION FORM

### 2022 RECOMMENDATION FORM

\*The applicant is required to submit two (2) letters of recommendation; one from a teacher and one from a counselor, coach, club/group advisor, employer, etc. The purpose of this form is to replace or supplement a written letter for each of our applicants to determine those students who will be best served by the program.

Applicant's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

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

#### How much contact have you had with this student?

Frequent       Some       Minimal       None (If none, please sign & return to SOAR)

#### How would you describe the applicant's motivation?

Strong       Fair       Weak

#### How would you describe the applicant?

*(Please check all that Apply, and provide a brief explanation of Unacceptable marks.)*

	EXCELLENT	GOOD	NEEDS IMPROV.	UNACCEPTABLE	UNSURE
Goal Setting/Follow Through					
Respect for Others					
Initiative					
Stays on Task					
Works well with Others					
Promptness					
Creativity					

Please check **skills and/or aptitudes**, which apply to applicant:

\_\_\_ Outgoing involvement

\_\_\_ Exhibits Leadership

\_\_\_ Strong community

\_\_\_ Responsible

\_\_\_ Overcomes obstacles

\_\_\_ Involved in school activities

\_\_\_ Bilingual

\_\_\_ Balances work and school well

\_\_\_ Strong willed

\_\_\_ Positive influence

\_\_\_ Role model

\_\_\_ Humility

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**In your opinion, is this student motivated toward studying accounting and/or business, and exploring a business career? (Attach additional pages if necessary)**

Other (Please list) \_\_\_\_\_

Please include any other comments that would help in the evaluation of this applicant for acceptance in the SOAR Program (attach additional pages if necessary).

Please Print Name \_\_\_\_\_ Title \_\_\_\_\_

Please Sign Name \_\_\_\_\_ Date \_\_\_\_\_

We appreciate your assistance in completing this form. Please return the form as soon as possible to the student or the SOAR program by any of the methods listed below. **The student's application will not be complete until this recommendation form or letter of recommendation is received.** Thank you for your assistance.

**Email to:** soar@siu.edu

**FAX to:** 618-453-7961      Attn: Nija Harvey

OR

**Mail to:** School of Accountancy  
Southern Illinois University  
ATTN: SIU SOAR  
Rehn Hall, RM 232 - MC 4631  
1025 Lincoln Drive  
Carbondale, IL 62901

**\*\*Please allow 2-5 business days for delivery\*\***