

LETTERS OF RECOMMENDATION

This form should be filled out accurately and completely to aid your counselor or teacher in preparing a recommendation for your use with applications. Give this form to the person you wish to write your recommendation allowing at least ONE WEEK prior to the deadline.

This should allow adequate time to complete an effective letter of recommendation.

This is completely optional and is intended for informational purposes only.

STUDENT NAME				DATE
ACT SCORE	SAT SCORE	GPA	RANK	APPLICATION DEADLINE
STATE THE PURPOSE(S) OF THIS RECOMMENDATION (SCHOLARSHIP, ADMISSION TO COLLEGE, ETC.)				
STATE THE NAME OF THE COLLEGE(S) OR SCHOLARSHIP(S) TO WHICH YOU ARE APPLYING				
LIST FOUR TEACHERS OR STAFF MEMBERS WHO KNOW YOU WELL				
1.		3.		
2.		4.		
DESCRIBE YOUR COLLEGE / CAREER PLANS:				
ADVANCED PLACEMENT CLASSES WHICH YOU HAVE COMPLETED OR ARE CURRENTLY ENROLLED IN:				
CLUBS, ACTIVITIES, SPORTS, AND / OR STUDENT GOVERNMENT PARTICIPATION (GRADE LEVELS, OFFICE HELD, ETC)				
COMMUNITY SERVICE AND HOURS:				
SPECIAL ACHIEVEMENTS OR PROJECTS				
LIST ANY EXTENUATING FAMILY CIRCUMSTANCES THAT MAY CAUSE FINANCIAL HARDSHIP IN PAYING FOR COLLEGE (optional):				