Recommendation Request ~ Student Information Sheet

| Student Name: | Phone #: |
|------------------------------|---|
| | Student: Fill out this form before you start the application process to evaluate your strengths and not and extracurricular activities. This is also an excellent form to give to individuals when requesting |
| | iter of Letter of Recommendation: Scholarship Name: |
| Qualification | ns/Selection Criteria: |
| DEADLINE | : (Postmarked/Received By): |
| Upon com | oletion please: return to student/mail in enclosed envelope/return to counseling office. |
| _ ' | recommendation bring a student to life by sharing specific examples or stories, instead of just sume. This form is only to spark ideas about the student. |
| Academics: GPA: | Class Rank: in a class of Admission Test Scores: |
| Intended Co | ollege Major(s): |
| Long Range | e Career Plans: |
| Year List any aca | work (honors, college prep, AP courses): Course Year Course demic awards or honors and when you received them: |
| Year | e: List you in-school and out-of-school community service and total hours of service: Description of Service |
| Extracurricular: Lis Year | st your in-school and out-of-school activities and years of participation. Description of Activity Positions Held and Awards |
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| Year | Description of Experience |
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Please allow at least two weeks for a recommendation letter and be sure to thank the recommendation writer.