Date	Needed:			

LETTER OF RECOMMENDATION REQUEST

Student Name:		Date:			
	dent: Fill out this form to e acurricular activities. Please plete letter.				
Instructions to	Writer of Letter of Rec	ommendation:			
College or Scholar	ship Name:				
Qualifications/Sele	ection Criteria:				
DEADLINE:					
Academics:					
GPA:	Class Rank:	in a clas	s of:		
Admission Test So	cores: SAT:	ACT:			
Intended College	Major(s):				
Long Range Care	er Plans/Goals:				
Advanced Cours	sework: (Honors, AP Co	urcoc)			
Year Cours	-	Year <u>C</u>	OUICA		
List academic a	wards or honors and w	hen you received	them:		
	vice: List your in-schoo Il hours of service.	l and out-of-schoo	ol community		
	ription of Service	Positions He	Positions Held and Awards		

PLEASE FILL OUT ADDITIONAL INFORMATION ON BACK

Extracurricular: List your in-school and out-of-school activities and years of participation (clubs, sports, theatre, etc.).

<u>Year</u> —— –	<u>Description of Activity</u>	Positions Held and Awards				
		rience, or exceptional educationa				
<u>Year</u> 	<u>Description of Experience</u>					
List any	y special interests, hobbies, or	talents:				
What d	o you consider your strengths	as a person and as a student?				
	share any other information th les you have overcome or chall					