

Pre-Recommendation Form

To be completed and given to the person(s) from whom you wish to request a recommendation.
MAKE SURE THE TEACHER HAS THIS FORM AT LEAST ONE WEEK BEFORE THE RECOMMENDATION IS DUE.

NAME: _____ **CLASS OF:** _____

Type of references you are requesting (purpose)

College _____ Scholarship _____ Employment _____

Address _____ Address _____ Address _____

Intended Major:

Nature of Scholarship:

Position Applying:

SCHOOL ACTIVITIES/SERVICES: (INCLUDE OFFICES HELD):

COMMUNITY ACTIVITIES:

DESCRIBE YOUR STRENGTHS: (INCLUDE EXAMPLES OR HOW YOU USE THE STRENGTH)

WORK EXPERIENCE: (INCLUDE JOB DESCRIPTION AND DATES OF EMPLOYMENT)

SPECIAL RECOGNITION/HONORS: (INCLUDE YEAR(S) RECEIVED)

VOLUNTEER SERVICE INVOLVEMENT: (INCLUDE NUMBER OF YEARS AND DESCRIPTION)

***PLEASE RETURN THIS REFERENCE TO:**

BY Date:

*** MAKE SURE THE PERSON WRITING THE RECOMMENDATION HAS A PRE-ADDRESSED STAMPED ENVELOPE IF THEY ARE TO MAIL IT DIRECTLY TO THE INSTITUTION.**