Date	Received:	
Date	neceiveu.	

Letter of Recommendation/Scholarship Information Form

Please complete as many of the following that apply to you and you feel comfortable answering. Please feel free to use additional paper if needed. To provide quality and a timely response, please submit your request for a letter of recommendation at least two week prior to the deadline.

First Name:	Last Name :				
Mailing Address:					
Phone:	one: E-mail:				
Colleges you plan to apply to:					
1	4				
2	5				
College Major(s)	Career Goal(s):				
1	1				
2					
List any school/community activities y Community Activities/Athletic Activities	es/Clubs: Position Held		School Year		
2					
					
List any honors/awards received: Honor			Date received		
1					
2					
4					
5					
6					
7					
8.					

Employment experiences (including grade levels and length of employment. If currently employed, how many hours do you work a week?)							
What is the greatest challenge in your life that you	have overcome (if any)?						
What academic accomplishments are you most pro	oud of and why?						
What non-academic accomplishment are you most	proud of and why?						
List 1 personal and 1 professional goal you have in	life and why?						
Three words that best describe you							
Is there anything you'd like me to know about that	may not have been apparent in your day-to-day life at school?						
Name a favorite social activity, hobby or interest.							
What position of leadership have you held and wh	en?						
What would you want a college admissions officer	to know about you?						
List one weakness about yourself that you are presently working on to improve	PSAT SAT I ACT						
	GPA CLASS RANK						
What are your favorite courses and why?	I WILL APPLY FOR:						
	TESTING(SAT, ACT) YES NO COLLEGE APPLICATION YES NO						