

RECOMMENDATION REQUEST FORM

Please complete this form when requesting a letter of recommendation and return the form to lfreeman@bobjonesacademy.net or to the Academic Office. Please allow at least one week (two weeks in December and May) to complete your request.

Name: _____

Date: _____

Intended Major: _____

Date you need your letter by: _____

What is the purpose of the recommendation? (e.g. college admission, scholarship)	
What is the address of the recipient? (person or institution; include individual's name if you know a certain person who should receive it)	
How long I have known you?	
What activities have you been involved in at school or in other organizations? (e.g. math competitions, forensics) What awards you have received? (at school and in other areas)	
What leadership roles have you held? (at school, church, or other groups)	
In what ministries have you served at church? Which church? What kind of community service have you participated in? (e.g. extension to the rescue mission; mission trip with church; tutoring)	
Do you have any employment experience? Where, for how long, and doing what? (on or off campus)	
What special skills do you have? (e.g. sign language, working with special needs people)	
What unique difficulties have you experienced or overcome?	
How have you demonstrated persistence, motivation, leadership, or determination? For a stronger recommendation, have a teacher or employer contact the Academic Office with specific examples/illustrations.	
Is there any other information that would help me write a recommendation letter for you?	

I waive my right to access and understand that I will not see any recommendations or evaluations submitted for me.

Student Signature

Date