

## RECOMMENDATION REQUEST FORM

Please complete this form when requesting a letter of recommendation and return the form to [eauntry@bobjonesacademy.net](mailto:eauntry@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: \_\_\_\_\_

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

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date