



**RECOMMENDATION FORM TO BE FILLED OUT BY A TEACHER OR GUIDANCE COUNSELOR  
AND EMAILED DIRECTLY TO US.**

Applicant's Name: \_\_\_\_\_

Applicant's Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list the school applicant is applying to: \_\_\_\_\_

**The following must be completed by a teacher or guidance counselor. Please submit this form directly to Student/Partner Alliance via email to [erodriguez@studentpartneralliance.org](mailto:erodriguez@studentpartneralliance.org) with the student's name in the subject line.**

1. Name of recommender: \_\_\_\_\_

2. Affiliation: \_\_\_\_\_

3. Telephone number: \_\_\_\_\_

4. Your relation to applicant: \_\_\_\_\_

5. How long have you known the applicant? \_\_\_\_\_

6. Please describe the student's academic performance in relation to that of other students in his/her current school. .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Briefly explain the applicant's strengths and weaknesses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU. ONCE COMPLETED, PLEASE EMAIL THIS FORM DIRECTLY TO STUDENT/PARTNER ALLIANCE AT  
ERODRIGUEZ@STUDENTPARTNERALLIANCE.ORG.**