



**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 scasimir@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
SCASIMIR@STUDENTPARTNERALLIANCE.ORG**