

University Preparatory High School

LETTER OF RECOMMENDATION REQUEST FORM

Student Name: _____ Date: _____

Reason for Request (**College or Scholarship, please list full name and address**):

Letter is to be mailed to: _____

*(please indicate
whether student
will pick up)*

Date Letter is needed by: _____
(give at least 2-3 weeks notice)

Your Educational Goals are: _____

Your Career Goals are: _____

Favorite School Subjects: _____

Extra-curricular Activities in or Outside of School (sport, clubs, activities, community service and/or volunteer experience):

9th Grade: _____

10th Grade: _____

11th Grade: _____

12th Grade: _____

Part-time or Full-time Job Experiences: _____

Hobbies: _____

Financial Need: _____

Leadership Experience (list by grade): _____

Awards Received (list by grade): _____

What specific information about YOU would you like mentioned in the letter of recommendation?

