

ACP Letter of Recommendation Request Form

If you need a letter of recommendation, please complete this form and submit it to your counselor at least 2 weeks prior to any deadlines.

Personal Section:

Name: _____ Today's Date: _____

Email: _____

Date you need letter of recommendation returned to you (allow a minimum of 2 weeks):

Profile Section:

Academic Achievements:

Extracurricular Activities:

Intended Major/Future Career Goals:

Brag Sheet Details:

Awards:

Community Service Experience:

Brag Sheet Details (continued):

Skills/Work Experience:

Personal Strengths (please list examples):

Background and Environment Section:

Briefly describe an experience that has had the greatest impact on your life.

List any challenges you have overcome and/or describe something unique about you or your circumstances that sets you apart from your peers.

If colleges could only consider one thing about you to make their final decision, what would it be?

Feel free to submit form via email if more convenient and attach any additional information, such as a resume, if possible.