



Recommendation Letter Request Form

To Be Completed by the Applicant:

Name: _____

Address-Street/City/State/ZIP: _____

Phone Number: _____ Email address: _____

Note to Evaluator: _____

I authorize the Evaluator listed below to complete the Recommendation Letter Request Form with requested information.

Applicant Signature: _____ Date: _____

To Be Completed by the Evaluator:

Name: _____ Title: _____

Relationship to Applicant: _____

Phone Number: _____ Email address: _____

The Applicant named above is requesting that you complete this form on their behalf as part of their Scholarship Application with Integrated Community Solutions. It should be returned to the Applicant to submit with their completed application, which is due to our office by May 31, 2024.

Please put an X in the box corresponding to the rating you want to provide for each entry and use the Notes to provide supporting comments:

	Highly Recommend	Recommend	Recommend with Reservations	Do Not Recommend
Motivation				
Attendance				
Dependability/Work Habits				
Attitude/Cooperation				
Leadership				
Potential for Success				

NOTES: (Attach a separate page if additional room is needed.)

Evaluator Signature: _____ Date: _____