

EDUCATIONAL OPPORTUNITY CENTER RECOMMENDATION INFORMATION FORM



First _____

Last _____

School _____

Grade Level _____

GPA _____

Date of Request _____

I AM APPLYING FOR THE FOLLOWING

- Internship Scholarship College Admission Other: _____

DELIVERY INFORMATION

- I will pick up the recommendation
 Please email the recommendation to: _____
 Please mail the recommendation to

Name: _____

Organization: _____

Mailing Address: _____

- Other Special Instructions _____

Date recommendation is needed: _____

Number of copies needed: _____

STUDENT INFORMATION

Education and career goals: _____

Personal characteristics supporting potential success and noteworthy achievements: _____

Applicable work, educational, or volunteer experience: _____

Benefit of and/or financial need for the opportunity I am applying for: _____

