

Elite Scholars Academy

STUDENT RECOMMENDATION REQUEST FORM

*PLEASE NOTE: Forms must be turned in at least **ONE WEEK** before recommendation is due

*The Counseling Office will **ABSOLUTELY NOT** do expedited recommendations

*The Counseling Office does **NOT** give recommendations to students or parents **unsealed**

Please provide the following:

Student Name: _____

Date: _____

Date Recommendation needs to be received by scholarship, school, etc. _____

Grade: _____

Overall GPA: _____

SAT Scores (if taken): Math _____ Critical Reading _____

ACT Composite Score: _____

Where is the recommendation going (what scholarship, internship, etc.): _____

Check whether the form needs to be emailed or mailed or picked up

Email _____ Mail _____ Pick Up _____

Provide email address below (specifics- username and password, if necessary):

If it needs to be mailed, provide the physical mailing address (**if it is a part of a package, please provide the envelope and other documents—additional postage may need to be provided by you**):

Please list important information that will allow me to write a stellar recommendation for you.

Activities that you have participated in from 9-12th grades:

Community Service (include the amount of hours):

Extra-Curricular (at Elite and outside of Elite):

Awards Received (school related or otherwise- athletic):

If you need to attach a separate document that lists all of your accolades, you may do so. You may also email your brag sheet.

11th -12th & Dual Enrollment School Counselor: Stephanie.brown@clayton.k12.ga.us

9th -10th Grade School Counselor: Keisha.etienne@clayton.k12.ga.us

Note: IF YOU DO NOT COMPLETE THE ENTIRE FORM, YOUR RECOMMENDATION WILL NOT BE DONE.

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| Internal Use Only: Date Received: _____ | Date Completed: _____ Date Sent Off: _____ Recommender Signature: _____ |
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