Personal Recommendation Form (*optional*)

Please return this form by January 15 to:
Office of Admission, Blair Academy, Post Office Box 600, Blairstown, NJ 07825-0600 or email a PDF to application@blair.edu.

Name of applicant _____ Current grade_____

The above named applicant has chosen you for this optional recommendation in support of his/her application for admission to Blair Academy. We hope to learn more from you about a particular interest or talent of the applicant that may not be covered in other recommendations. Please comment on how long you have known the applicant and in what context (teacher, coach, adult supervisor, friend, classmate, etc.) and share with us any relevant insights or observations.

Form continues on reverse side

BLAIR ACADEMY

TELEPHONE (908) 362-2009 *FAX* (908) 362-7975 *WEBSITE* WWW.BLAIR.EDU

Name of Evaluator

Telephone

Street Address

Email

City

State

Zip Code

Place of Employment

Position

Relationship to Candidate

Years of Relationship

Signature

Date