

Ashland Middle School

Information for Recommendations

Name: _____ Year of Graduation: _____

of Recommendations needed: _____ Email address (to send confirmation): _____

Date application needs to be submitted: _____

1) Where are you applying?

Teachers/staff you will be asking for recommendations

2) List some adjectives that you would use to describe yourself:

3) How would you describe yourself as a student at AMS?

4) What is your greatest character strength?

5) What character traits do you hope to improve?

6) What are you most proud of having accomplished at AMS?

7) Describe a moment in your life which gave you a feeling of success.

8) List any other information that you think would be helpful to someone writing a letter of recommendation about you (distinguishing characteristics, unusual experiences, special interests, hobbies, clubs, travel, etc.).

Student check off:

My teachers are aware of this recommendation request

I have brought all Applications/recommendation forms to Main Office

This form is filled out completely

I am aware of the Application deadlines and have handed this in complying with the AMS 2 week turnaround time. I understand that all applications will be processed as timely as possible.

Student Signature: _____

Date: _____

Office use only:

Date Received: _____

Date Completed: _____

Date email confirmation sent: _____