CANDIDATE Please type or print your name in the space provided and then give this form to your evaluator with a stamped envelope. This is an optional recommendation form for you to give to an additional person in your school or community who knows you well.

RECOMMENDER Please return by January 15 to: 537 HIGHLAND STREET, SOUTH HAMILTON, MASSACHUSETTS 01982-1399 or scan and email to applicationmaterials@pingree.org

NAME OF STUDENT

TO THE RECOMMENDER Would you please write a brief evaluation of the candidate named above. Insight you can provide about the candidate's character, interests, curiosity, motivation, integrity, and ability in the area(s) which you know the candidate best will be helpful for the Admission Committee. This recommendation will remain confidential and will not become part of the student's permanent record. Please return by January 15. Thank you for your cooperation and candor.

SIGNED DATE EMAIL

RECOMMENDER'S NAME (PRINTED) AND POSITION

SCHOOL / ORGANIZATION

ADDRESS ZIP