

MZHS High School

Request for Letter of Recommendation

Name: _____ Gr: _____ Id#: _____

Counselor: _____ Date Submitted to Counselor: _____

To obtain a letter of recommendation from your counselor you must complete this form and give it to your counselor **2 weeks prior to due date** of recommendation. If your request is late, there will be no guarantee that your request can be fulfilled on time, please plan ahead. Students **MUST attach a Brag Sheet or Resume** with their request. This will provide your counselor with the necessary information to write a meaningful recommendation letter. If you need a transcript sent, this request must be fulfilled separately by filling out a transcript request form. **Students must provide a stamped, addressed envelope for each request. All recommendations will be mailed directly, unless otherwise noted on the form.**

Contact Person and Title	Scholarship Title or College Name	Due Date	Scholarship Criteria	Date Sent