**SUMMER PROGRAM RECOMMENDATION REQUEST**

Please complete and submit to your teacher/counselor for recommendation a MINIMUM of THREE to FOUR weeks before your deadline. Please limit this to one page. A resume MUST be attached to this form.

**Last Name**:       **ID**#:

**First Name**:

**Grade level**:       **Program/Internship Name**:

**Program/Internship web address:**

**Deadline**:       (Indicate if this deadline is a postmark or must be received by deadline)

1. Please briefly list/describe the program and/or criteria (i.e. looking for leadership, minimum GPA, etc.):

2. Why are you interested in this program? What are you hoping to gain from this experience?

3. Is there addition information I need to know about you or this experience?