

# TEACHER LETTER OF RECOMMENDATION REQUEST

## For Scholarships

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Teacher \_\_\_\_\_ Date \_\_\_\_\_

My teacher has agreed to write a letter of recommendation for me.

I have answered ALL questions on the Teacher Letter of Recommendation Form.

*Teachers have 10 school days to complete your letter of recommendation. Please plan accordingly.*

Name of Scholarship	Paper Letter/Form	Type of Scholarship (Merit, Need-Based, Community Service, etc.)	DUE DATE

*The College and Career Center will notify you when your letter of recommendation has been completed by your teacher.*

**Teacher Information:**

Thank you for writing this student’s letter of recommendation. If you have any questions, please contact Jo Hawk (jlhawk@conroeisd.net or 25424) or Martha Houston (mhouston@conroeisd.net or 25536).

Please return this folder with your letter/form to the College and Career Center by the due date listed above.