



REQUEST FOR JOB/SCHOLARSHIP/COLLEGE LETTER OF RECOMMENDATION

Complete name of student _____
Please use formal student name

Name of Teacher/Advisor/Coach/Employer/Pastor: _____

Date Requested: _____ Deadline to return to Bethel Counseling Office _____

Name & Address of organization to whom recommendation should be directed:

Specific criteria for job/scholarship/college includes:

A copy of the cover letter describing criteria is attached. Yes No

Colleges applying for: _____

Does this recommendation need to be confidential and returned to Ms. Lance? Yes No



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