Letters of Recommendation Supplement

Enclosed with this application, please find three identical forms for you to submit to those people who will be writing your letters of recommendation. These recommendations should be returned to you in a sealed envelope with their signature across the flap for you to send with your completed application packet. PLEASE INFORM WHOEVER IS WRITING THE RECOMMENDATION NOT TO SEND IT IN THEMSELVES. PLEASE ASK THAT THEY INCLUDE THE FORM BELOW AND THE LETTER IN THE ENVELOPE. Please notify these individuals of your October 18, 2021 deadline. Include all three letters of recommendation with your application.

Please provide us with the names of those people who are writing letters of recommendation for your candidacy.

Name:________________________________________________________________________
Title:_________________________ Relation to You:_____________________ Years Known_____

Name:________________________________________________________________________
Title:_________________________ Relation to You:_____________________ Years Known_____

Name:________________________________________________________________________
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Office of Congressman John B. Larson

RECOMMENDATION FORM FOR APPLICANTS
FOR CONGRESSIONAL NOMINATION TO U.S. SERVICE ACADEMIES

Dear Sir/Madam:

Thank you for agreeing to recommend this candidate in his or her application for a Congressional nomination to a U.S. service academy. I appreciate your candid evaluation of this student’s scholarship and character. For your convenience and privacy, I would ask that you return your recommendation to the applicant in an envelope with your signature across the seal. Please keep in mind that applications are due in our office on October 18, 2019. Thank you for your time and cooperation.

JOHN B. LARSON, Member of Congress

Candidate’s Name: ___________________________________________________________________

Your Name: _______________________________________________________________________

Address: _______________________________________________________________________

Position/Title: ___________________________________________________________________

Relationship To The Student: __________________________________________________________________

How Long Have You Known This Student?: __________________________________________

If You Are A Teacher, In What Classes Have You Instructed This Student?: _________________

What Grades Did He or She Receive?: ______________________________________________

Directions: Please complete the chart on the other page of this form. For each of the characteristics listed, please evaluate the candidate as compared to other students whom you know or those within his or her class. Please continue these evaluations in depth with a letter in which you describe the candidate as you know him or her. (If you have prepared a recommendation for this student for another college, feel free to submit a photocopy of such a letter.) Please include or highlight any areas of this student’s candidacy, which you believe deserve special consideration. Again, thank you for your help.
Please check the appropriate boxes.
(If you have no basis for judgment on one or more of these characteristics, do not check any box.)

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221 Main St. Second Floor
Hartford, Connecticut 06106
(860) 278-8888
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