

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 THERECOMMENDATION 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 17, 2025** deadline and 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: _____ Title: _____

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Office of Congressman John B. Larson

RECOMMENDATION FORM FOR APPLICANTS

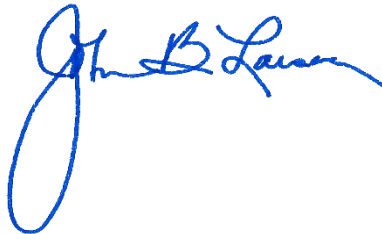
FOR CONGRESSIONAL NOMINATION TO U.S. SERVICE ACADEMIES

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 17, 2025**.

Thank you for your time and cooperation.

Sincerely,

A handwritten signature in blue ink, appearing to read "John B. Larson". The signature is fluid and cursive, with a large loop at the beginning of the first name.

JOHN B. LARSON, Member of Congress

Candidate's Name: _____
Last First Middle

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.)

Characteristic	Poor	Satisfactory	Good	Very Good	Excellent	Top 1-3% of Class
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self- Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenges Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively Participates In Extracurriculars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____

Again, thank you for your time. Please include this form with your written comments to the applicant in a sealed envelope. Should you have any questions or concerns, or would like to further comment on this applicant, please contact Brianna Plesz at: Office of Congressman John B. Larson, Attention: Brianna Plesz, 361 Main Street, 3rd Floor, East Hartford, CT 06118, (860) 278-8888

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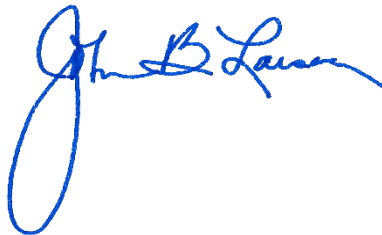
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Candidate's Name: _____
Last First Middle

Your Name: _____

Address: _____

Position/Title: _____

Relationship To The Student: _____

How Long Have You Known This Student?: _____

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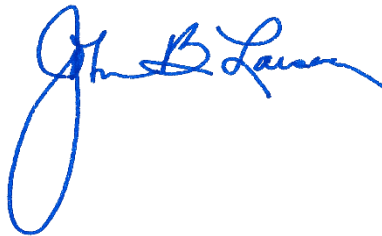
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