



Holy Family Academy
 49 Ashland Street
 Manchester, NH 03104

Request for Letter of Recommendation

Student Full Name: _____

Recommender Name: _____

Purpose of Letter:

College Application

Name of Institution or Common Application	Instructions for Submitting (online or regular mail)	Supplemental Forms Required	Deadline for Letter Submission ¹	Envelope Provided (stamped, addressed to institution)	Recommender Use: Submission date
		Yes – attached No		Yes N/A	
		Yes – attached No		Yes N/A	
		Yes – attached No		Yes N/A	

Scholarship

Scholarship Name and Description	Instructions for Submitting (online/regular mail)	Supplemental Forms Required	Deadline for Letter Submission ¹	Envelope Provided (stamped, addressed to organization)	Recommender Use: Submission date
		Yes – attached No		Yes N/A	

¹Please give your recommender three weeks to complete the letter and any supplemental forms.

- I have attached a copy of my completed Student Self-Evaluation as required.
- I have attached supplemental forms as necessary.
- I have attached stamped, addressed envelopes as necessary.

Student Signature: _____ **Date:** _____

If more space is needed, use additional request forms.