

**Instructions to Student/Parent:** Please complete and sign the section below. Then, please give this form to a teacher that has direct knowledge about you and can speak about your demonstrated experience or potential success for a specific industry pipeline track.

**Instructions to Recommender:** Please complete, sign and return this form.

**Via Email:** [recommendation@eduserc.org](mailto:recommendation@eduserc.org)

**Via Mail:** EduSerc Recommendations  
P.O Box 2536, Laurel, MD 20709

**Deadline:** Friday, May 1, 2020

### Student Information

- 1) \_\_\_\_\_  
Last Name First Name Middle Name
- 2) \_\_\_\_\_  
Number and Street Address Apt. City State Zip Code
- 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) Gender:  Male  Female  
Email Address Grade Level
- 6) \_\_\_\_\_  
Name of School Attending City State Zip Code

I understand that the recommendation form from the teacher or school advisor will be maintained in confidence and will not be released back to the student or parents.

\_\_\_\_\_  
Print Name of Student Applicant

\_\_\_\_\_  
Signature of Student Applicant and Date

\_\_\_\_\_  
Print Name of Parent / Guardian

\_\_\_\_\_  
Signature of Parent/Guardian Date

### Recommender Information

**Instructions to Teacher/School Advisor:** Please complete the section below and the recommendation form on page 2. Return both pages via email to as an attachment or mail to the address noted above.

- 1) \_\_\_\_\_ 2) \_\_\_\_\_  
Full Name Contact Phone  Work  Cell  Home
- 3) \_\_\_\_\_  
School Name City State Zip Code
- 4) \_\_\_\_\_ 5) \_\_\_\_\_  
Position/Title Email Address
- 6) How do you know the applicant? \_\_\_\_\_
- 7) How long have you known the applicant? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

## Industry Pipeline Leadership Development Program Recommendation Form

**Directions to Recommender (Teacher/School Advisor):** Place a check mark (✓) in the box that relates specifically to this student’s ability and performance as compared to other students you have instructed, counseled, or with whom you have interacted. After completing the recommendation form, please return both pages to the email or mailing address found on page 1.

**Name of Student Applicant:** \_\_\_\_\_

**Which Industry Pipeline do you feel this student has the interest, skills and potential to be successful?  
(Check only one):**

- Engineering/Science   
  Information Technology   
  Culinary/Hospitality   
  Broadcasting / Journalism  
 Health / Biosciences   
  Environmental Science   
  Business / Entrepreneurship   
  Media / Film Production  
 Law / Public Service   
  Architecture / Design   
  Transportation (Auto/Airline)   
  Homeland Security/Military

Category	Outstanding (Top 1%)	Excellent (Top 5%)	Very Good (Top 10%)	Average	Below Average
Quality of work/projects					
Produces work of high quality					
Intellectual curiosity					
Study habits					
Ability to work independently					
Ability to work cooperatively					
Creative problem-solving					
Critical & abstract thinking skills					
Ability to organize					
Ability to communicate ideas					
Disciplined work habits					
Positive attitude					
Maturity					
Motivation					
Leadership					
Integrity					
Peer relationships					
Self-confidence					
Initiative, independence					
Taking responsibility					
Overall academic promise					

Overall, would you recommend this student for this program?  YES  NO

**Comments:** Please comment on specific ways this student has demonstrated outstanding ability, talent or academic achievement. Feel free to attach additional sheets.

\_\_\_\_\_

\_\_\_\_\_

Print Name of Teacher

\_\_\_\_\_

Signature of Teacher