Arkansas Community Colleges Academic All-Star Program

Recommendation Letter Form (to be completed by the recommending party)

Leadership Abilities

This recommendation will become part of the student's Academic All-Star application. The student should provide a copy of his/her application and essay to the individual drafting this letter. Submit this form and your letter of recommendation per your college's instructions.

| Name of Applicant | | | |
|---------------------------|-----------------------|----------------------------|---|
| | Last | First | MI |
| our Name | | | |
| | Last | First | MI |
| ïtle | | | |
| lailing Address | | | |
| - | Stre | et | |
| City | | State | Zip Code |
| Daytime Phone | | | |
| How long have you know | n the applicant? | | |
| In what capacity do you k | know the applicant? | | |
| | unity, and his/her po | tential contribution to so | ing the applicant's service ciety. Describe a specific |
| | | | |
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| | | | |
| | | | |
| Signature | | | Date |