



## LETTER OF RECOMMENDATION

High school students are selected for the High School Internship Program (HSIP) primarily on the basis of leadership potential, interest in public service, high academic achievement, and continuing academic success.

Please describe the applicant's academic performance or other leadership characteristics that you think will contribute to his/her success as an intern in the High School Internship Program.

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

## STUDENT INFORMATION

Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

**RECOMMENDATION** *If you need additional space, please feel free to attach a separate sheet with this form. Please be sure to address all question.*

How long have you known the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_

Please describe the student's leadership abilities.

\_\_\_\_\_  
\_\_\_\_\_

Please describe how well the student is able to communicate (written or verbally).

\_\_\_\_\_  
\_\_\_\_\_

Please describe what sets the student apart from other students.

\_\_\_\_\_  
\_\_\_\_\_

Please sign and return the completed form directly to HSIP. Your evaluation will become part of the applicant's confidential file for use only by the HSIP Selection Committee. It will not be released to the applicant.

## SUBMISSIONS

In order to continue with the application process, you must submit all required documents no later than 6:30 PM on Friday, December 16, 2016. If you do not submit all of your documents by this date and time, you will not be eligible to participate in the 2017 High School Internship Program.

**Return completed packet to:**

4058 Minnesota Avenue, NE, 2nd Floor - Office of Youth Programs • Washington, DC 20019