



Central Virginia Governor's School for Science and Technology

Request for Faculty Recommendation

You must speak to the faculty member and obtain his or her agreement to write a recommendation for you prior to completing this form. **Please turn in this completed form to Mrs. McMillan in the CVGS office at least two weeks prior to the earliest postmark due date for your request.**

Attach the following to your request:

1. A copy of your resume (including research project title and any awards received),
2. A hard copy of your SAT or ACT scores,
3. If you are requesting a recommendation for a scholarship or specific program, include the full name of the scholarship or program, as well as a brief description of the scholarship or program and the specific qualities the successful candidate should exemplify.

This request is for

In the spaces provided below, type in your full legal name (not a nickname).

Student Last Name: _____

Birthdate (mm/dd/yyyy): _____

Student First Name: _____

(Office Use Only: Date Request Received)

Student Middle Name: _____

School/Scholarship Name	Deadline	Submitted Electronically?	URL (if needed)	Address (if needed)

CVGS will cover the cost of mailing UP TO FOUR recommendations. For each recommendation request in excess of four, please bring \$1 (cash or check payable to CVGS) to turn in with your forms.