

**RECOMMENDATION FORM**

Request that your Teacher/Guidance Counselor mail or hand deliver to Northwest Access TV the information below.

Candidate's Name \_\_\_\_\_

Name of Post-Secondary School (if known) \_\_\_\_\_

Major: \_\_\_\_\_

**To: Teacher/Guidance Counselor**

**Please respond to the questions below and mail your responses to;  
Northwest Access TV  
PO Box 468  
St. Albans, Vermont 05478**

The Northwest Access TV Board is interested in your thoughts regarding the applicant's academic work/achievement, motivation and interest in working in their chosen field.

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

---

---

How will the candidate's personality or learning style align with his/her chosen field?

---

---

---

Please feel free to write what ever you think is important for the Board to know about this student's academic achievement and personal characteristics.

---

---

---

---

---

---

---