## M\*A\*S\*H <u>SCHOOL</u> RECOMMENDATION FORM

Student is required to have two school recommendations:

- 1). Science/STEM Teacher
- 2). Any other teacher or advisor, other than counselor

## (CONFIDENTIALITY WILL BE HONORED REGARDING INFORMATION SUPPLIED BY SCHOOL PERSONNEL)

1.	Student Name						
		(First)	(Middle)	(Last)			
2.	School Name:	School District					
fro po	3. THIS INFORMATION IS CONFIDENTIAL. Please state why you think this student would benefit from participating in M*A*S*H. Comments should be made regarding the student's abilities and potential for success in a health care environment. Use the space provided, then sign at the bottom of t page.						
Sig	gnature			Date			
Pr	inted Name						
En	nail						
Jo	b Title/Subject Tau	ıght					