



HOUGHTON COLLEGE
BUFFALO
HOPE HOUSE

Houghton College Buffalo: Hope House Recommendation FORM

Houghton College Buffalo
Hope House
660 Smith Street
Buffalo, NY 14210

716.352.5615
hopehouse@houghton.edu

To the Applicant:

Please print your name on the line below and give this form to a **non-related** adult who can provide insight into your character and personal qualities.

Last Name	First Name	Middle Name	

Mailing Address			

City	State/Province	Zip/Postal Code	Country

I hereby voluntarily waive my right of access to information contained on this recommendation form.

_____	_____
Signature	Date

To the adult reference:

This recommendation will be used solely for evaluating the applicant for admission. All admission records are held in strict confidence, and we appreciate your open and forthright comments.

Questions:

How do you know the applicant? _____

What are the applicant's greatest strengths? _____

What are the applicant's greatest struggles? _____

As best you can ascertain, how certain are you that this applicant is ready for college?

Very

Somewhat

Unsure

Please share any additional insights that might be helpful to know. _____

Reference Information:

Reference Name			Occupation
Mailing Address			
City	State/Province	Zip/Postal Code	Country
Daytime Phone		Email Address	
Signature			Date

Please mail or email completed forms directly to:

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