



## LETTER OF RECOMMENDATION

All applicants are required to submit letters of recommendation. Recommendations can be returned to the applicant to be included with your application form or sent directly to [register@reclaim4men.com](mailto:register@reclaim4men.com) or to Scott Gibson, Reclaim, 1531 S. Grove Ave. #204, Barrington, IL 60010

**Please complete the following before giving this form to those who are providing the recommendation.**

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### applicant

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APPLICANTS FIRST NAME

-----  
LAST NAME

-----  
RECOMMENDER'S NAME

-----  
DATE

-----  
EMAIL

i waive my rights to examine this form.

i do not waive my rights to examine this form, but authorize the person completing this form to provide a candid evaluation.

Applicant's Signature \_\_\_\_\_ date \_\_\_\_\_

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### recommender

We greatly appreciate your candid appraisal of the applicant's abilities and potential as a candidate for the Reclaim Program. Please send this completed form, along with any attachments, to RECLAIM via:

**mail >**            **Kary Miller, Reclaim,**    117 S. Cook Street, #345,    Barrington,    IL 60010

**fax >**            847.381.2722

**e-mail >**        [register@reclaim4men.com](mailto:register@reclaim4men.com)

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

**Part One:** Please describe how long you have known this candidate and in what capacity. Please share impressions you have of the candidate and why you believe they would benefit from RECLAIM.

**Part Two:** What, if any, concerns or questions do you have regarding this candidate participating in this program?

Recommender's Signature \_\_\_\_\_ DATE \_\_\_\_\_