



RECOMENDATION LETTER

NAME OF SCHOOL FACULTY MEMBER

Please explain why this student would be successful in a post-secondary education setting (certification, vocational training, apprenticeship, etc.)

Faculty Member Signature _____ Date ____ / ____ / ____

Applicant Name (Print) _____ Member ID _____

Applicant Signature _____ Date ____ / ____ / ____

FOR OFFICE USE ONLY

Health Plan _____ Years of Membership _____

Application Reviewed By _____ Date of Review ____ / ____ / ____

For questions about CareerReady, please email us at LifeServices@CommunityHealthChoice.org

Completed Recommendation Letters can be emailed to [Life Services@CommunityHealthChoice.org](mailto:LifeServices@CommunityHealthChoice.org) or mailed to The Life Services Team, c/o Jenny Mathai, 2636 South Loop West, Suite 125, Houston, TX 77054.