SSGT JEREMY D. SMITH EXEMPLARY SERVICE AWARD LETTER OF RECOMMENDATION COVER SHEET	CVA FOUNDATION® FORM JDSA-004

Box 1: CADET DATA. Fill out the cadet's information.
Box 2: LETTER OF RECOMMENDATION INFORMATION. Information about the associated letter of recommendation.
a. **Author name.** Provide the name of the author of the letter.
b. **Position / Title.** Provide the title or position of the letter's author (if applicable).
c. **Author e-mail.** Provide the author's email address.
d. **Relationship to Cadet.** Describe the author's relationship to the cadet.
e. **Date of Letter.** Provide the date the letter was written.
f. **Number of Pages.** Provide the number of pages the letter required.
Box 3. FOR OFFICIAL USE ONLY. Do not mark in this space.

1. CADET DATA (please type or print legibly)

a. NAME (last, first, middle initial)	**b. SCHOOL**
c. E-MAIL	**d. GRADE LEVEL** (check one) ☐ 9 ☐ 10 ☐ 11 ☐ 12
c. INSTRUCTOR NAME	**d. TYPE OF UNIT** (check one) ☐ JROTC ☐ CAP

2. LETTER OF RECOMMENDATION INFORMATION

a. AUTHOR NAME	**b. POSITION / TITLE** (If applicable)
c. AUTHOR E-MAIL	**d. RELATIONSHIP TO CADET**
e. DATE OF LETTER	**f. NUMBER OF PAGES**

3. FOR OFFICIAL USE ONLY