

**Return to Applicant no later than: AUGUST 25**

**LEADERSHIP DCDS**  
*A Program of the Dallas County Dental Society*  
**Recommendation Form**

**To be completed by Sponsor/Endorser. Seal in an envelope and return to the applicant.**

**Instructions:**

Please use this form or use the information on this form as a guideline for a separate letter of recommendation. The applicant must submit this recommendation form/letter with the completed application **no later than September 1.** You may use additional paper if needed; however, please be as concise as possible. Please type or print legibly in black ink.

**Name of Applicant** \_\_\_\_\_ **Length of Acquaintance** \_\_\_\_\_

**Type of Relationship [check appropriate response(s)]**

Close Personal Relationship       Numerous Professional Contacts       Numerous Social Contacts  
 Principally by Reputation       Occasional Professional Contacts       Occasional Social Contacts

**Give details of your knowledge of applicant's participation in civic, community, professional and faith-based activities:**

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**Other pertinent information:**

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**Reason applicant will make an outstanding LEADERSHIP DCDS participant:**

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\_\_\_\_\_  
**Name of person making recommendation (please type or print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**