

**AMERICAN ROSE SOCIETY
CONSULTING ROSARIAN CANDIDATE
LETTER OF RECOMMENDATION**

1. We recommend (name) _____
(address) _____
(phone) _____ E-mail: _____
who is personally known to us, as a candidate for the Consulting Rosarian School.
This person has been a continuous member of the American Rose Society since
_____ (3 years required).
2. Has grown roses since _____ (5 years required) and has demonstrated a
thorough knowledge of rose culture.
3. Currently grows approximately _____ (number) rose bushes and grows
the following types (circle all that apply):

HT GR F Min Mfl LCL OGR Shrubs

4. Has been a member of the local rose society since: _____
and is active in the following ways:

5. Has been working to increase membership in the local society and ARS.(describe)

6. Is willing to assist and advise others on rose culture and share his/her knowledge
with others in many ways. (describe)

7. Knows and is willing to live up to the Consulting Rosarian Guide. _____
8. Additional remarks:

Signed: _____
(Signature of active Consulting Rosarian making recommendation)

Address: _____

Signed: _____
(Signature of active Consulting Rosarian making recommendation)

Address: _____

Signed: _____
(Signature of active Consulting Rosarian making recommendation)

Address: _____

This letter of recommendation must be signed by three (3) active Consulting Rosarians and must be submitted with candidate's resume and sent to the District Chairman of Consulting Rosarians at least thirty (30) days before the school.

Membership will be verified at ARS headquarters.