

# SENIOR REQUEST FOR RECOMMENDATION

To be completed when requesting a letter of recommendation from your counselor

Student's Full Name \_\_\_\_\_ ID# \_\_\_\_\_

Counselor \_\_\_\_\_

**Please allow at least 2 weeks to complete forms and recommendations.**

✓ **Please complete checklist before returning recommendation.**

\_\_\_ Cover sheet is completed and waiver signed

\_\_\_ Student profile is attached or has previously been submitted

\_\_\_ Deadline for submission \_\_\_\_\_ (two weeks notice is required)

\_\_\_ Recommendation letter is to be addressed to \_\_\_\_\_

\_\_\_ An addressed, stamped envelope is attached (no return address)

## WAIVER

All college recommendations are confidential in nature. Therefore, we ask that you sign the waiver below before asking your counselor to complete your college recommendation letter. A parent/guardian signature is also required if you are not yet 18 years of age.

**“I waive the right to see the recommendation submitted to the college(s) of my choosing.”**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

College Preferences \_\_\_\_\_

Tentative Major(s) \_\_\_\_\_

Please complete all the information requested on the following pages. You may also submit a COMPLETE resume if you have one.

# Hebron High School

## Information Form

Name \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ Social Security # \_\_\_\_\_

e-mail \_\_\_\_\_ Telephone \_\_\_\_\_

### FAMILY DATA

#### FATHER

#### MOTHER

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Name of business  
or organization \_\_\_\_\_

Please explain if there are any special circumstances regarding your family that I should know.  
(For example, if one of your parents is deceased, job layoff, etc.)

\_\_\_\_\_  
\_\_\_\_\_

### SIBLINGS:

Name	Age	School/College
_____	_____	_____
_____	_____	_____
_____	_____	_____



**PERSONAL AND EDUCATIONAL INTERESTS**

What have you enjoyed most about high school?

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If you could change one thing about your high school experience, what would it be? Why would you change it, and how?

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Is your academic record an accurate measure of your ability? Why or why not?

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Describe an academic experience which has been a highlight in your years at HHS. (For example, a particular teacher, a class, a paper you wrote, a project or book.)

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Who has had the greatest influence on you? Why?

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What are your future plans for a college major and career?

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When do you feel you are at your best? Describe the environment.

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List six adjectives which you, your family, or your friends would use to describe you.

- |    |    |    |
|----|----|----|
| 1. | 3. | 5. |
| 2. | 4. | 6. |

List 2 teachers on this campus that would know you best.

- 1.
- 2.

**Parent Questionnaire**

Counseling Department  
Hebron High School

Please help us to know your son or daughter better by providing information to the questions that follow. If you prefer to write a separate letter, feel free to do so.

Name of Child \_\_\_\_\_ Person completing this form \_\_\_\_\_

Telephone Numbers: H \_\_\_\_\_

W \_\_\_\_\_

The college/university environment best suited to my child might best be described as:

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My child's principal strengths as a person/student are:

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Hardships or obstacles your child overcame:

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Three adjectives that come to mind about him/her:

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Something that people may not realize or understand about my child:

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A way my child has demonstrated creativity, self-discipline, initiative:

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My child's most important non-academic interest and how he/she engages in it:

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Career fields in which my child might eventually find success or satisfaction:

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A special need, concern or desire that I have about my child in the college admissions process:

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A recent (within the last few years) anecdote or special experience (summer or otherwise) that helps to reveal my child's unique personal characteristics:

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