

**JOHN B. CONNALLY HIGH SCHOOL  
RECOMMENDATION LETTER – REQUEST FORM**

Please fill out this form completely. Your counselor will use this information to write your letter of recommendation either for college admission or scholarship applications.

**\*PLEASE ALLOW 3 WEEKS FOR YOUR COUNSELOR TO WRITE YOUR LETTER.**

**\*SUBMIT A STAMPED ENVELOPE ADDRESSED TO THE COLLEGE, UNIVERSITY, OR TECH SCHOOL THAT HAS REQUESTED THIS LETTER.**

**Personal Data (Please print neatly)**

Name \_\_\_\_\_ ID# \_\_\_\_\_ Student's E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_ City of Birth \_\_\_\_\_

Language(s) Spoken at Home \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Education completed (circle one): \_\_\_\_\_ Grade School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Education completed (circle one): \_\_\_\_\_ Grade School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Parents : \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ One/Both Remarried \_\_\_\_\_ One/Both Deceased \_\_\_\_\_

**Short Responses**

1. The purpose of this letter is for:  Job  Scholarship  College/Tech School Admission
2. How would you describe yourself? Use at least 4 descriptive adjectives.  
\_\_\_\_\_
3. Describe your major strengths (not academic) \_\_\_\_\_
4. Describe your weaknesses (not academic) \_\_\_\_\_
5. What are your interests or hobbies? \_\_\_\_\_
6. What has been your favorite subject? Why?  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you taken the SAT or ACT? \_\_\_\_\_ Were your scores sent to CHS? \_\_\_\_\_
8. If you are planning to attend college or a trade/technical school, what is your intended major? Why?

9. What is your proposed career? \_\_\_\_\_
10. Do you have a job? \_\_\_\_\_ Where do you work? \_\_\_\_\_  
How many hours per week do you work? \_\_\_\_\_
11. Do you have brothers and sisters? \_\_\_\_\_ How many? \_\_\_\_\_ What # are you? \_\_\_\_\_ (1,2,3...)
12. Are you the first to graduate from high school? \_\_\_\_\_ Are you the first to go to college? \_\_\_\_\_
13. What is the ideal college setting for you? (size, location, specific city, etc....)  
\_\_\_\_\_  
\_\_\_\_\_
14. List 3 Connally teachers that know you well:
15. Certain high school years are tougher than others. In reviewing your transcript, is there anything you would like to explain to a college or technical/trade school in order for them to put your grades in an appropriate context? Please explain.
16. Many colleges and universities ask the counselor to write important things about students. They often want the counselor to describe your academic, extracurricular, and personal characteristics. They sometimes would like to know about unusual circumstances. They do not want the counselor to list your extracurricular activities in this section. This will be listed elsewhere. **If you had to write this statement, what would your statement be? Please use extra paper and list #14 at the top of the page.**

**17. PARENT OR GUARDIAN RESPONSE**

A) Please describe your child. Use only 4 descriptive adjectives.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

B) What is your child's role in the life of your family?

C) Describe your child's reactions to any unusual circumstances and/or situations in your family.

**Student Resume Information**

**Academic Honors and Awards:** Please list the academic honors you have received in high school. Include awards, prizes, medals, certificates, nominations by teachers and academic letters. Please note the year and attach an additional sheet if needed.

Honor or Award	Year(s)
	( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
	( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
	( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
	( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
	( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
	( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
	( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
	( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
	( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )

**In School Activities:** Please list your school activities. These would include athletics, fine arts, clubs, community service, etc.

Activity	Position/Roles	Year(s)
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
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		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )

**Out of School Activities:** This would include volunteer or community work, religious and youth group, service clubs, scouts, etc.

Organization	Description /Responsibility	Year(s)
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
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		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )
		( <input type="checkbox"/> 9, <input type="checkbox"/> 10, <input type="checkbox"/> 11, <input type="checkbox"/> 12 )

**I give permission for any information I provide on this form to be used in my letter of recommendation.**

**Student Signature:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_