McCaskey High School

Letter of Recommendation Questionnaire

Please complete and give this form at least TWO weeks before your deadline.

Student Name		Student ID	
Grade		Personal Email	
Recommendation Requested on	MM/DD/YYYY	Recommendation Due	MM/DD/YYYY

Recommendation Type

☐ College ☐ Scholarship ☐ Honors Program ☐ Internship ☐ Other: _____

Return to: ☐ Student (sealed) ☐ Counseling Office ☐ Electronic

College / Scholarship Information

College/Scholarship	Major	Deadline Date
		MM/DD/YYYY
		MM/DD/YYYY
		MM/DD/YYYY
		MM/DD/YYYY

What do you plan to study or do after high school? Why?

Tap here to type...

What are THREE things you hope your recommender mentions about you?

Tap here to type...

What accomplishment are you most proud of?

Tap here to type...

What challenge have you overcome and what did you learn?

Tap here to type...

Activities, Work & Volunteer Experience

Activity/Employer	Years	Leadership/Role	Hours (Optional)

Anything else you'd like included?

Tap here to type...

Student Signature: _____ Date: _____