Senior Brag Sheet LETTER OF RECOMMENDATION REQUEST

*Please complete and return to your counselor **Student ID:** Click or tap here to enter text. Name: Click or tap here to enter text. **Email:** Click or tap here to enter text. Weighted GPA: Click or tap here to enter text. Student Contact Number: Click or tap here to enter text. Intended Major(s)/Course of Study: Click or tap here to enter text. **College Entrance Exams: Optional SAT Overall Score ACT Overall Score** Post-secondary plans Four-year college/university **Apprentice School** Two-year college **Armed Services Trade/Vocational School** Other:

<u>Grade</u> <u>Level</u>	<u>School</u> <u>Activities,</u> <u>Sports, or Clubs</u>	<u>Description of Activity</u>	Position Held

Grade Level Awards, Honors, & Recognitions Description of Recognition

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<u>Grade Level</u>	Community Activities & Community Service	<u>Description of Activity</u>	<u># of Hours</u>
How did this cor	nmunity service experience positi	ively impact the community?	
Click or tap here t			
	ducational goals? List desired deg	rees/majors.	
Click or tap here t	o enter text.		
What are your ca	areer goals?		
Click or tap here t			
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List three to five adjectives that you would use to describe yourself. Give examples or reasons to justify your choices.

Click or tap here to enter text.	
List any areas of self improvement (either personally or educationally) yo	u would like to focus on.
Click or tap here to enter text.	
What special talents (music, sports, theatrical, dance, art, video, technolo for fun? Explain each with several sentences.	gy) do you possess or like to do
Click or tap here to enter text.	
What challenge or obstacle (family, personal, illness, financial, etc.) if any has this challenge contributed to your growth as a person and/or student	
Click or tap here to enter text.	
Please note any additional information that may be helpful to your couns	elor or teacher in writing your
letter recommendation.	
Click or tap here to enter text.	