## **SENIOR BRAG SHEET**

NOTE: THIS FORM MUST BE COMPLETED BEFORE COUNSELOR RECOMMENDATION LETTERS ARE WRITTEN.

ARE WRITTEN.				
STUDENT NAME:	CMS STUDENT ID:			
STUDENT CMS EMAIL:	STUDENT PERSONAL EMAIL:			
HUHS COUNSELOR:	STUDENT PHONE NUMBER:			
QUESTION 1: What major do you plan to pursue? If	you do not know, please write 'undecided'.			
QUESTION 2: What THREE words would you use to	describe yourself?			
QUESTION 3: Is your academic record an accurate m	sonal problems which may have affected your			
QUESTION 4: List work experiences and/or internships. □				
QUESTION 5: If you were writing a recommendation to	for yourself, what would you say?			
QUESTIONS 6: What impact have you made at HUH	S? What will your legacy be?			
QUESTION 7: If your parent/guardian would like to at	tach a statement on your behalf, please do so.			



## AWARDS, ACCOMPLISHMENTS, & ACTIVITIES

NOTE: PLEASE INCLUDE LEADERSHIP POSITIONS HELD. INSERT MORE ROWS IF NECESSARY.

Please do not use acronyms and describe any activity that may not be widely known.

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AWARDS (Name of Award)	DATE OF AWARD			
CLUBS (IN SCHOOL EXTRA-CURRICULAR)	YEARS OF PARTICIPATION			
OUT OF SCHOOL ACTIVITIES	DATES OF PARTICIPATION			
VOLUNTEER/COMMUNITY ACTIVITIES	DATES OF PARTICIPATION			

MUSIC AFFILIATIONS	DATES OF PARTICIPATION
SPORTS	DATES OF PARTICIPATION
STUDENT GOVERNMENT	DATES OF PARTICIPATION