

Name: _____ Student #: _____

CSN HIGH SCHOOL

Letter of Recommendation Questionnaire

*If you need a letter of recommendation for a college application or scholarship, please complete this QUESTIONNAIRE, attach a RESUME and give both to the counselor or teacher writing the letter of recommendation **TWO WEEKS** before the due date. Please spend a few minutes answering the following questions as your answers will help your counselor or teacher create a complete picture of you in your letter.*

6. List three adjectives that describe you and write a supporting statement for each.

2. What do you see as your greatest personal strengths? How do you demonstrate them?

3. What experiences have helped shape you as a person? Any adversity/hardships you've had to overcome? _____

4. What have you accomplished that makes you feel good or proud of yourself? Please describe in detail. _____

5. What do you plan to major/minor in college? Which experiences have helped you make this decision? _____

6. What are your long-term goals? _____

***I would like to receive this letter of recommendation by the following date:
