

LETTER OF RECOMMENDATION REQUEST

Name: _____ Date of Request: _____

Counselor: _____ Date Needed: _____

In an effort to help us write a quality letter of recommendation for you, please answer the following questions to the best of your ability. OHS does not mail letters of recommendation. We will provide the letter in a sealed envelope or attach it to a virtual application (CommonApp/SENDeDu). Please allow at least 14 days for your counselor/teacher to complete the request.

1. Attach a resume with the following information: school/community activities, leadership positions held, and honors/awards/recognitions. Information can be in a list type format.

2. What do you need this letter of recommendation for? Include the name.

College: _____

Scholarship: _____

Other: _____

3. List three adjectives that describe you and explain why you choose those adjectives.

4. What are your future goals (school, career)?

5. What is your intended major(s) in college? _____

6. What school activity is most important to you and why?

7. What activity outside of school is most important to you and why?

8. Are there any circumstances in your life that have had a negative impact on your academic performance? If yes, please explain.

9. What special characteristic or quality do you possess that should be stressed in the letter?

10. Is there anything else you would like included in the letter?
