



# High School Partnership Program New Applicant Recommendation Form

**To the applicant:** After completing the information below, please give this form to your high school counselor/teacher.

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Student's Address: \_\_\_\_\_  
(Number & Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

High School: \_\_\_\_\_

**To the counselor/teacher:** Please complete the form and return it to Enrollment Services, Capital Community College, 950 Main Street Room 207, Hartford CT 06103.

In comparison to other college-preparatory students at your school, the applicant's course selection is

most demanding     demanding     average     less demanding than average

Compared with other college-bound students with whom you have experience, please indicate your perception of the applicant's attributes by circling the appropriate number in the range indicated below.

	<i>Very unsatisfactory</i>					<i>Excellent</i>				<i>Not Observed</i>
Academic preparation	1	2	3	4	5	6	7	8	9	0
Work ethic	1	2	3	4	5	6	7	8	9	0
Initiative	1	2	3	4	5	6	7	8	9	0
Leadership	1	2	3	4	5	6	7	8	9	0
Concern for others	1	2	3	4	5	6	7	8	9	0
Social maturity	1	2	3	4	5	6	7	8	9	0
Respect for others	1	2	3	4	5	6	7	8	9	0
Acceptance of diversity	1	2	3	4	5	6	7	8	9	0
Integrity	1	2	3	4	5	6	7	8	9	0
Service to others	1	2	3	4	5	6	7	8	9	0

Briefly explain why you think this student has the potential to be a successful HSPP student. (You may attach an additional sheet or use the back of this form if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Print Counselor/Teacher Name)

\_\_\_\_\_  
(Position/Title)

\_\_\_\_\_  
(Signature of Counselor/Teacher)

\_\_\_\_\_  
(Date)