



# HSPP Continued Participation Application & 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)

Student's Phone #: \_\_\_\_\_ Student E-Mail: \_\_\_\_\_

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

Capital Student/Banner ID #: \_\_\_\_\_

This student is applying for (check one): Fall \_\_\_\_ Spring \_\_\_\_ Academic Year:  
20\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above-named student has completed at least one semester of the High School Partnership Program. I am recommending this student for continuance in HSPP.

**I attest that this student is in good standing with his/her institution and is currently maintaining a "B" average in their high school course work.**

Counselor/Teacher Last Name: \_\_\_\_\_ Counselor/Teacher First Name: \_\_\_\_\_

Counselor/Teacher Email: \_\_\_\_\_

Counselor/Teacher Phone: \_\_\_\_\_ Counselor/Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Admissions Office Use	
Application Decision:	CCC GPA: