



# 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 the Admissions Office, Capital Community College, 950 Main Street, 2<sup>nd</sup> Floor, Hartford CT 06103

In comparison to other-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 selecting the appropriate number in the range indicated below.

Very unsatisfactory = 1    Excellent = 9    Not Observed = 0

- Academic preparation
- Work ethic
- Initiative
- Leadership
- Concern for others
- Social maturity
- Respect for others
- Acceptance of diversity
- Integrity
- Service to others

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

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

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

Counselor/Teacher's Email: \_\_\_\_\_

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

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