



# William Howard Taft High School

*A Wall-To-Wall International Baccalaureate School*



6530 West Bryn Mawr Avenue ● Chicago, Illinois 60631  
Telephone 773.534.1000 ● Fax 773.534.1027

## Taft High School Counseling Department

### Request for Letter of Recommendation

**Student - Complete this form and give a copy to your teachers and counselor who have agreed to write you a letter of recommendation. Give them at least 10 days notice.**

**Name:**

**Your weighted GPA:**

**Your unweighted GPA:**

**Your class rank:**

**Your ACT: Retake date/score:**

**Your SAT (if applicable) \_\_\_\_\_**

**Please list safety, match and reach schools you will be applying to:**

**What is your intended major and career goal?**

**Please list school activities (sports/clubs) you have participated in, the number of years, what positions held, any awards received and what you have gained/learned from them:**

**What activity is most important to you and why?**

**List any "outside of school" activities, such as service, work, hobbies, travel, etc. Include the number of years and why each activity was important to you.**

**Looking back on your life in 40 years, what do you hope to say about how and what you accomplished, personally and professionally?**



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**Include one experience you would like to share that has impacted your life and helped shape who you are today.**

**Thank you for sharing yourself with me. Your stories will help me write a more personal and thoughtful recommendation.**