



Bellflower Middle & High School

SENIOR BIOGRAPHICAL DATA SHEET 'SENIOR BRAG SHEET'

Directions:

Request it ***at least two weeks in advance*** to give the recommender sufficient time to write the letter and be mindful of holiday breaks, which may delay your request and may affect your college application deadline.

The Senior Biographical Data Sheet is composed of two parts: Reflective Insight Questions and List of Activities. Remember the recommender wants to write a great letter on your behalf, so it is very important that you take the time to answer each question thoroughly.

Please fill out this form as accurately and completely as possible. Your counselor and teachers will use this information in recommending you for scholarships, college admission, and other honors/awards.

Student Information

First Name: _____	Last Name: _____
Home/Cell Phone: _____	Email Address: _____

Student Family Information

Name of the parent(s) you live with: _____ Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other <input type="checkbox"/>	
Father's Job Title: _____	Mother's Job Title: _____
Father's Highest Education: _____	Mother's Highest Education: _____
Other Guardian(s): _____	
Are you receiving free and/or lunch? <input type="radio"/> Yes <input type="radio"/> No	
Do you live with another family due to financial reasons? <input type="radio"/> Yes <input type="radio"/> No	
How many live in your house: _____	
How many brothers? _____ Ages? _____	How many sisters? _____ Ages? _____
Are you the first one in your family to graduate from high school? <input type="radio"/> Yes <input type="radio"/> No	
Are you the first one in your family going to college? <input type="radio"/> Yes <input type="radio"/> No	
How many siblings have attended college? _____	
Is a foreign language spoken in your home? <input type="radio"/> Yes <input type="radio"/> No What Language? _____	
Are you bilingual in that language? <input type="radio"/> Yes <input type="radio"/> No Have you ever lived in a foreign country? <input type="radio"/> Yes <input type="radio"/> No	
Where? _____ How Long? _____	

PART 1: REFLECTIVE INSIGHT QUESTIONS

Please attach additional sheets of paper if necessary

1. Are you excited to explore a particular academic major or career in college? If yes, which area of study and why?

2. List any schools you are considering at this time. Do you have a “dream school?”

3. What would you consider to be your most outstanding accomplishment thus far, academic and personal?

4. Talk about an event or happening in your life that had a significant impact on you. How did it affect your life, both personally and academically?

5. List five positive adjectives (or phrases) that describe you and explain each by using a personal anecdote.

a.

b.

c.

d.

e.

6. What do you consider your three greatest academic strengths and weaknesses? Please briefly explain your answers.

7. What do you consider your three greatest personal strengths and weaknesses? Please briefly explain your answers.

8. Are there any factors or circumstances in your life related to your grades or admission test scores that you would like colleges to be aware of?

9. If you need financial aid from outside of the family in order to carry out plans for further education, you may (if you wish) describe any circumstances that make aid necessary.

PART 2: ACTIVITIES

Please attach additional sheets of paper if necessary

High School Organizations/Services

(Starting with the most recent; list name of the organization, grade level(s), total hours, position held, description and role)

Name	9	10	11	12	Hrs/Wk	Position Held and Awards Received	Description of the Activity Role and Responsibilities
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Community Services

(Starting with the most recent; list name of the organization, grade level(s), total hours, position held, description and role)

Name	9	10	11	12	Hrs/Wk	Position Held and Duties	Description of the Activity
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Student Government (ASB)

(Starting with the most recent; list name of the organization, grade level(s), total hours, position held, description and role)

Name	9	10	11	12	Hrs/Wk	Position Held and Duties	Description of the Activity
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Athletic Teams/Band

(Starting with the most recent; list the name of the sport, grade level(s), sport level, and award/recognition)

Sport	9	10	11	12	Sport Level (Varsity, JV, Frosh-Soph)	Award/Recognition
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Work Experience

(Starting with the most recent; list the name of your employer, grade level(s), total hours, position held, duties and description)

Employer	9	10	11	12	Hrs/Wk	Position Held	Duties and Responsibilities
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Work Experience

(Starting with the most recent; list the name of the award/honor, grade level(s), and reasons for receiving the award/honor)

Award/Honor	9	10	11	12	Reason(s) for Receiving the Award/Honor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Special Interests, Hobbies and/or Talents

Interest, Hobby or Talent	Briefly Describe Your Interest, Hobby or Talent