BARNARD BOUND ADVISER RECOMMENDATION

Barnard Bound, October 10 – 12, 2015

A college adviser (from a high school or college access organization) must fill out this form.

**Message to college advisers:** Thank you for introducing us to smart, intellectually curious young women who are independent thinkers and would thrive in a setting such as Barnard College! Please fax or e-mail (a scanned copy) of the following items to 212-854-6220 or barnardbound@gmail.com:

1) Completed Barnard Bound Adviser Recommendation Form (typed responses are also welcome; feel free to attach additional pages)
2) Copy of the student’s academic transcript (unofficial is acceptable)
3) Copy of school’s High School Profile

Please note that because of time constraints, you must email or fax. The deadline for submission is **Friday, June 12, 2015**. Decisions will be e-mailed to students by late August.

**Name of Student:** ______________________________________________________________

**How long have you known her?** ___________________________________________________

**How many students are you responsible for counseling?** _____________________________

**Current GPA of applicant:** _____________ ☐ weighted ☐ un-weighted

**Rank:** ____________ out of _____________ OR ☐ We do not rank students

**Size of senior class** ___________________________ **Size of school (9-12)** ________________

**What percent of students go on to 4-year colleges or universities from your high school?** __________ %

**How does this student compare academically to her peers?**

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

**Why do you think this student would be a good match for Barnard College?**

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

**Only if applicable:** Please explain why this student qualifies for a need-based travel scholarship (i.e. low-income family, qualifies for significant need-based financial aid at her current school, qualifies for free/reduced lunch, etc.)

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

**Name (please print)____________________ Signature __________________ Date __________

**Name of High School/Organization** _____________________________________________

**Telephone (______)____________________ E-Mail ____________________________**