Dear Candidate:

Thank you for choosing to apply to The Hotchkiss School. This is an exciting time in your life, and we hope to be as helpful as possible as you match your aspirations and talents with the unique opportunities available here. Evaluating your application is a privilege that we take seriously. We are all looking forward to getting to know you and your family better over the next several months.

To assist you in this process, the checklist below outlines the various details you must fulfill in order to complete your application by January 15, 2023.

**Required Materials:**
- Gateway to Prep Schools Candidate Profile (online application).
  - Please submit as soon as possible, preferably before your interview.
- The application fee is $75.00.
  - To request a fee waiver contact our office at admission@hotchkiss.org.
- Candidate Essays
- Parent Statement
- Principal/Counselor Recommendation (sent directly by your school)
- Grades (past and current grades sent directly by your school)
- English and Math Recommendation Forms
  - (to be sent directly by your current or last year’s teachers)
- Personal or Special Interest Recommendation Form

**Standardized Testing:**
- Optional for applicants for the 9th & 10th grade: SSAT or ISEE
- Required for applicants for 11th & 12th grade and post-graduate years: PSAT, SAT, ACT, SSAT, or state- or country-mandated testing administered within the preceding two years.
- Required for students who have not attended a school for three or more years
  - where English is the primary mode of instruction: TOEFL, IELTS, or Duolingo English Test

**Recommended But Not Required:**
- Personal Interview. Interviews are available through mid-January.
- Music recording, art portfolio, or athletic video. Please see Candidate Essays for instructions.

We are here to make the application process work for all. If you have any questions about the process, please contact our office at admission@hotchkiss.org.

Sincerely,

Erby Mitchell
Dean of Admission and Financial Aid
Contact Information

The Hotchkiss School
Office of Admission and Financial Aid
11 Interlaken Road • Lakeville, CT 06039-2141
Phone: 860-435-3102 Facsimile: 860-435-0042
Email: admission@hotchkiss.org
Website: www.hotchkiss.org

Financial Aid - School and Student Services (SSS) Application
School and Student Services
Phone: 800-344-8328, International callers: +1-952-967-9922
Email: sss@communitybrands.com
Website: www.solutionsbysss.com
Hotchkiss School Code: 4012

Deadlines

Application Deadline: January 15, 2023
Financial Aid Application Deadline: January 15, 2023
Decision letters released: March 10, 2023

Testing

For the 2022-23 admission cycle, students applying to the 9th and 10th grades are welcome, but not required, to submit SSAT or ISEE test scores. Students applying to the 11th and 12th grades or for a post-graduate year are required to submit a PSAT, SAT, ACT, SSAT, or state or country-mandated testing administered within the preceding two years.

Secondary School Admission Test Board (SSAT)
Phone: 609-683-4440
Email: info@ssat.org
Website: www.ssat.org
Hotchkiss School Code: 4012

Independent School Entrance Exam (ISEE)
Phone: 212-672-9800
Email: isee@erblearn.org
Website: https://www.erblearn.org/parents/isee-by-erb
Hotchkiss School Code: 070335

SAT Reasoning Test
Phone: 866-756-7346, International callers: 212-713-7789
Website: www.collegeboard.org
Hotchkiss School Code: 070335

Preliminary SAT (PSAT/NMSQT)
Phone: 866-433-7728, International callers: 212-713-8105
Email: pspathelp@info.collegeboard.org
Website: https://collegereadiness.collegeboard.org/psat-nmsqt-psat-10
Hotchkiss School Code: 070335

ACT
Phone: 319-337-1270
Website: www.actstudent.org
Hotchkiss School Code: 070335

TOEFL/ETS Services
Required for candidates whose native language is not English, unless TOEFL is no longer available due to COVID-19. If a candidate has attended a school for three or more years where English is the primary mode of instruction, TOEFL is not required.
Phone: 609-771-7100
Website: www.ets.org/toefl
Hotchkiss School Code: 8199
The Candidate Profile is a biographical information form accepted by schools participating in the Gateway to Prep Schools. These schools are dedicated to simplifying the application process for admission candidates and their families. Visit gatewaytoprepschools.com to learn more about participating schools, their respective application processes, and the Gateway initiative.

Generally it is preferable that admission candidates submit their Candidate Profile on line at www.gatewaytoprepschools.com, but you may make copies of your paper form and mail them, along with application fees, to each participating school. If you have submitted a Candidate Profile to a school on line, DO NOT send a paper copy of the Candidate Profile to that school.

Note: The Candidate Profile is only one section of a complete application.

Schools communicate frequently by e-mail. If you are submitting a paper application, please be sure to write your e-mail address legibly. You may receive important messages about your application through e-mail. Be sure to check your e-mail frequently and let schools know if you change your e-mail address.

### Biographical Information

**Name**

<table>
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<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
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**Preferred First Name** ____________________________________________

**Pronouns** ____________________________________________

**Permanent Address** ____________________________________________

<table>
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<tr>
<th>City/Town</th>
<th>State/Province</th>
<th>Country</th>
<th>Zip/Postal Code</th>
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</table>

**Home Telephone** (e.g. 412 555-1212)

**Candidate’s Cell Phone (if any)** (e.g. 412 555-1212)

**Gender:**

- **Female**
- **Male**
- **Self-Identify**

**Candidate’s E-mail** ____________________________________________

*Please print clearly*

**Date of Birth** ____________

**Place of birth** ____________________________________________

<table>
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<th>City</th>
<th>State</th>
<th>Country</th>
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**Language spoken in your home** ____________________________________________

**Term of Proposed Entrance** ____________________________________________

**Current Grade** ______

**Applying for Grade** ______

**Residential Status:**

- **Day Student**
- **Boarding Student**

The FORM I-20 is only necessary for citizens of other countries who wish to study in the United States. Upon entering the United States, international students must present the Form I-20 and the F-1 Visa. For more information, please go to: https://studyinthestates.dhs.gov/students-and-the-form-i-20.

**Will you require a Form I-20 for an F-1 Visa to enter the United States?**

- **Yes**
- **No**

**If yes, which citizenship should be listed on the Form I-20?** ____________________________________________

**Country of citizenship (if applicable)** ____________________________________________

Gateway member schools encourage applicants from families of all educational backgrounds. We believe that an independent school education is transformative, thus we are particularly interested in offering this experience to first generation students, e.g. those candidates whose parents or guardians do not have a college degree.

**Are you a first generation student?**

- **Yes**
- **No**

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Optional Background Information

In an effort to fully capture the identities of all students in our community, we encourage you to consider checking all that apply.

☐ African American or Black, country of family's origin __________________________

☐ Asian American or Asian, country of family origin __________________________

☐ Hispanic or Latino/a/x, country of family origin __________________________

☐ Middle Eastern, country of family origin __________________________

☐ Native American or Alaska Native, tribal affiliation: __________________________ date enrolled: __________________

☐ Native Hawaiian or Other Pacific Islander, country of family origin __________________________

☐ White or Caucasian, Non Hispanic/Latinx, country of family origin __________________________

☐ Other, please specify __________________________

☐ Prefer not to respond

Educational Background

Name of present school __________________________

Number of years attended ________ Present school ends after grade ________

School Address __________________________

Street __________________________

City/Town __________________________ State/Province __________________________ Country __________________________ Zip/Postal Code __________________________

School Type: ☐ Public School ☐ Private School: Day Student ☐ Private School: Boarding Student

☐ Parochial School ☐ Charter School ☐ Home School ☐ Online School

List the names and addresses of any other school you have attended since sixth grade:

<table>
<thead>
<tr>
<th>Year(s) Attended</th>
<th>School Name</th>
<th>School Address</th>
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Have you ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanctions? ☐ Yes ☐ No

Have you withdrawn from school voluntarily for an extended period of time for other than reasons of health? ☐ Yes ☐ No

If the answer to either of these questions is yes, please provide an explanation.
### Standardized Testing Information

Please consult each school’s policy regarding standardized testing. Contact information for the schools can be found at https://www.gatewaytoprepschools.com/schools.

Please enter the most recent time you have taken, or intend to take, a test.

- SSAT: Test date (month/year): __________ / __________
- ISEE: Test date (month/year): __________ / __________
- PSAT: Test date (month/year): __________ / __________
- SAT: Test date (month/year): __________ / __________
- ACT: Test date (month/year): __________ / __________
- AP/IB: Test date (month/year): __________ / __________

If English is not your first language, consult each school’s policy regarding the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS). The TOEFL or IELTS must be taken within one year of the application deadline.

- TOEFL: Test date (month/year): __________ / __________
- IELTS: Test date (month/year): __________ / __________

The SSAT and ISEE must be completed during the academic year in which an application is submitted.

### Extracurricular, Personal, and Volunteer Activities

In the grid below, please note your interests and activities in order of importance to you in areas such as music, drama, art, community service, debate, writing, athletics, employment, or hobbies. We understand that some candidates have more opportunities for organized activities than others, but we are interested in how you spend your time outside of the classroom.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Years of experience</th>
<th>Hours per week</th>
<th>Weeks per year</th>
<th>Level of involvement (such as first chair, junior varsity, travel team)</th>
<th>Positions held; awards, honors, leadership</th>
<th>Will you continue this activity?</th>
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If you need more space, please use the “Additional Information” section on page 1G.
Academic and Personal Achievements

List or briefly describe any academic or personal achievements of which you are especially proud. Use this area to note any academic honors you have received.

Multimedia

If you would like to provide a url to an existing website with multimedia content, you may do so below. Examples of multimedia content that students have provided in the past are: links to newspaper articles, YouTube videos, music files, or a personal website they have created. Be sure to provide a description of the link in the space provided. NOTE: If you have more than two links you may add them to the “Additional Information” section on page 1G.

Link to Multimedia

Category (eg instrument, sport, drama)

Description:

Link to Multimedia

Category (eg instrument, sport, drama)

Description:
### Family Information (Household 1)

Parents are listed according to the household in which they live. If you have two parents living in the same household, please record their information in the parent sections under Household 1. If you have two parents living in separate households, record one parent’s information in the first section of Household 1 and the other parent’s information in the first section of Household 2.

Parents’ Marital status (relative to each other):  
- [ ] Married 
- [ ] Single 
- [ ] Separated 
- [ ] Divorced 
- [ ] Widowed 
- [ ] Other

---

#### Household 1 Information (Household 1 is the candidate’s primary place of residence.)

Permanent Address __________________________________________________________

Home Phone ____________________________  (e.g. 412 555-1212)

---

#### Household 1 Parent/Guardian

Parent/Guardian Type:  
- [ ] Father 
- [ ] Mother 
- [ ] Guardian 
- [ ] Living 
- [ ] Deceased

Name  
Prefix First Middle Last Suffix

- [ ] This Parent/Guardian has legal guardianship of the candidate.  
Preferred Name or Nickname ____________________________________________

Occupation/Title ____________________________________________  
Employer ____________________________________________

Business Address ____________________________________________

Home Phone ____________________________  (e.g. 412 555-1212)  
Cell Phone ____________________________  (e.g. 412 555-1212)  
Work Phone ____________________________  (e.g. 412 555-1212)

Preferred E-mail ____________________________  
Parent/Guardian’s Place of Birth  
City State Country

High School Attended (if any) ____________________________________________

College Attended (if any) and Degree Earned ____________________________________________

Graduate School Attended (if any) and Degree Earned ____________________________________________

---

#### Household 1 Parent/Guardian

Parent/Guardian Type:  
- [ ] Father 
- [ ] Mother 
- [ ] Partner 
- [ ] Stepfather 
- [ ] Stepmother 
- [ ] Guardian 
- [ ] Living 
- [ ] Deceased 
- [ ] Unknown

Name  
Prefix First Middle Last Suffix

- [ ] This Parent/Guardian has legal guardianship of the candidate.  
Preferred Name or Nickname ____________________________________________

Occupation/Title ____________________________________________  
Employer ____________________________________________

Business Address ____________________________________________

Home Phone ____________________________  (e.g. 412 555-1212)  
Cell Phone ____________________________  (e.g. 412 555-1212)  
Work Phone ____________________________  (e.g. 412 555-1212)

Preferred E-mail ____________________________  
Parent/Guardian’s Place of Birth  
City State Country

High School Attended (if any) ____________________________________________

College Attended (if any) and Degree Earned ____________________________________________

Graduate School Attended (if any) and Degree Earned ____________________________________________

---

Last Name, First Name, Middle Name  
Applying for ____________________________ 
Date of Birth ____________________________ 
Gender ____________________________

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Family Information  (Household 2)

Household 2 Information
Permanent Address __________________________________________________________

Home Phone ____________________________________________________________
  (e.g. 412 555-1212)

Household 2 Parent/Guardian
Parent/Guardian Type:  O Father  O Mother  O Guardian  O Living  O Deceased

Name
  Prefix  First Middle Last  Suffix
☐ This Parent/Guardian has legal guardianship of the candidate. Preferred Name or Nickname __________________________________________________________

Occupation/Title ________________________________ Employer ________________________________

Business Address __________________________________________________________

Home Phone ____________________________________________________________
  (e.g. 412 555-1212)  Cell Phone __________________________________________________________
  (e.g. 412 555-1212)  Work Phone __________________________________________________________
  (e.g. 412 555-1212)

Preferred E-mail __________________________________________________________

Parent/Guardian’s Place of Birth
  City  State  Country

High School Attended (if any) __________________________________________________

College Attended (if any) and Degree Earned ____________________________________

Graduate School Attended (if any) and Degree Earned ____________________________

Household 2 Parent/Guardian
Parent/Guardian Type:  O Partner  O Stepfather  O Stepmother  O Living  O Deceased  O Unknown

Name
  Prefix  First Middle Last  Suffix
☐ This Parent/Guardian has legal guardianship of the candidate. Preferred Name or Nickname __________________________________________________________

Occupation/Title ________________________________ Employer ________________________________

Business Address __________________________________________________________

Home Phone ____________________________________________________________
  (e.g. 412 555-1212)  Cell Phone __________________________________________________________
  (e.g. 412 555-1212)  Work Phone __________________________________________________________
  (e.g. 412 555-1212)

Preferred E-mail __________________________________________________________

Parent/Guardian’s Place of Birth
  City  State  Country

High School Attended (if any) __________________________________________________

College Attended (if any) and Degree Earned ____________________________________

Graduate School Attended (if any) and Degree Earned ____________________________

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Last Name, First Name, Middle Name  Date of Birth
Applying for  Gender

Submit online at https://gatewaytoprepschools.com
# Family Information (Siblings and Alumni)

## Siblings

Please list all siblings, if any.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Most Recent School or College Attended</th>
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If you have more than four siblings, please list them in the “Additional Information” below.

## Alumni

Please list family members who have attended an independent school, if any.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Candidate</th>
<th>School</th>
<th>Class Year</th>
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If you have more than four alumni, please list additional family members in the “Additional Information” section.

## Additional Information / Explanation

If you would like to provide any additional information that was not specifically requested or did not fit in the spaces provided, you may use the space below.
Financial Aid (To be completed by the parents/guardians)

Is your child an applicant for financial aid?  
☐ Yes  ☐ No

Parents/Guardians must select one of the above options. Checking “yes” enables schools to send you information about financial aid policies. Financial aid programs may differ from school to school so please be sure to consult with each school.

Personal Interview

Interviews are helpful to schools and candidates alike. Please consult the schools to which you are applying regarding deadlines and procedures for scheduling an interview.

Signatures

In consideration of the undertaking by the admission offices at the schools to which this Candidate Profile will be submitted, the undersigned agree that the information furnished on the final application forms, together with all information and materials of any kind received by the admission offices from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and their family, except that the dean/director may, for official purposes at their discretion, disclose any part or all thereof to such person or persons as they deem advisable.

☐ Candidate Confirmation  Signature ___________________________  Date __________________

☐ Parent/Guardian Confirmation  Signature ___________________________  Date __________________

☐ Parent/Guardian Confirmation  Signature ___________________________  Date __________________

Authorization

☐ By checking this box, I certify that all information submitted in the admissions process — including the Candidate Profile, other application materials, any essays, and any other supporting materials — is factually accurate and honestly presented. I understand that I may be subject to possible admission revocation should the information I’ve certified be false.

The required, nonrefundable application fee, as stated by individual schools, should be submitted to each school with the Candidate Profile.

Our schools do not discriminate on the basis of gender identity, race, color, disability, religion, sexual orientation, or national origin in the administration of our admission policies and financial aid programs.
Directions: To be completed by the candidate. Please print or type all information. Please remember to also submit Candidate Profile and application fee.

Current grade:  ○ 7  ○ 8  ○ 9  ○ 10  ○ 11  ○ 12
Applying for grade:  ○ 9  ○ 10  ○ 11  ○ 12  ○ PG

Please check one:  ○ Boarding  ○ Day

If you are applying as a day student, your primary residence must be within 30 miles of The Hotchkiss School at the time of application. Please note that residency changes might not be allowed once a student is admitted.

Candidate Information

Name of Candidate: __________________________________________________________________________________________________________________
Preferred First Name: ___________________________  Gender:  ○ Male  ○ Female  ○ Self-Identify: ____________________________
Mailing Address: ______________________________________________________________________________________________________________________
           Street/P.O. Box
           City  State  Country  Zip/Postal Code
Candidate E-mail: ___________________________________________  Candidate Home Phone: _________________________________
Citizenship:  ○ U.S. Citizen  ○ Dual U.S. Citizen  ○ U.S. permanent resident visa  ○ Other citizenship: ____________________________
Date of Birth: _____________________________ Place of Birth: ______________________________________________________________________________
Name of Present School: _____________________________________________________  What month does your school year begin?: _____________________________
Native language: _____________________________  Other language(s) spoken: _____________________________
Have you attended a school for 3 or more years where English is the primary mode of instruction?  ○ No  ○ Yes
Have you ever applied to Hotchkiss before?  ○ No  ○ Yes  If yes, when? __________________________________________________________________
Have you ever attended the Hotchkiss Summer Portals program?  ○ No  ○ Yes  If yes, when? __________________________________________________________________
Do you have a sibling applying to Hotchkiss?  ○ No  ○ Yes
If yes, please tell us his/her name: ________________________________________________________________________________________________
Have you had your interview yet?  ○ No  ○ Yes  *(Interviews are highly recommended but not required.)*
Name of Admission Interviewer: ___________________________________________  Date of Interview: _____________________________

Names of relatives, if any, who are alumni of Hotchkiss:

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Class Year</th>
<th>Relationship to Applicant</th>
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Submit online at https://gatewaytoprepschools.com
Candidate Essays

Please respond to the following questions on separate pages clearly labeled with your name, your birthdate, and “Hotchkiss Candidate Essays.”

Short Responses: Complete each of the following phrases in 150 characters or fewer. Be as creative as you like.
1. I am not embarrassed to admit:
2. I unwind by:
3. I wish people knew:
4. The best advice I ever received was:
5. At Hotchkiss, I am most excited about:

Essay Questions: Please respond to each of the topics below in 3,200 characters (500 words) or fewer.
Optional: We welcome you to respond to one of the essay prompts in another medium by providing a link. Please limit video submissions to 1 minute.
1. Tell us about a time when you helped a classmate, peer, or friend through a challenging moment, or a time when they helped you through a difficult situation. What did you learn from that experience?
2. Describe a time when you took action to make a change at your school, in your community, or in your home.

Supplemental Materials – Optional (Submission Deadline January 15, 2023)
If you consider your arts and/or athletic experience to be a major factor in your application profile, you may submit supplemental materials (in electronic format) in support of your application for review by our arts faculty and athletic coaches. If you have already submitted this material as part of your Candidate Profile, you must resubmit it to Hotchkiss using the methods described below. Please do not send physical copies/materials.
For submissions related to the arts please go to hotchkiss.slideroom.com.
For all other submissions, please send materials to admissionmaterials@hotchkiss.org. Preferred formats include: YouTube, Vimeo, QuickTime, MP4, M4V.

Please check here if you plan to submit supplemental materials in support of your application; provide the category and a brief description below.
Category (e.g., musical instrument, sport, art):

Description: ____________________________________________________________

Additional Information
Have you ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction?  ○ Yes  ○ No
Have you withdrawn from school voluntarily for an extended period of time for reasons other than health?  ○ Yes  ○ No
If the answer to either or both of these question is yes, please provide a full explanation on a separate piece of paper.

In consideration of the undertaking of the Office of Admission of The Hotchkiss School to process the undersigned candidate’s application for admission and other related forms, the undersigned agree that the information furnished on the application for admission form, together with all information and materials of any kind received by the Office of Admission from any source or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and his/her family, except that the Dean of Admission may, for official purposes at his discretion, disclose any part of or all thereof to such person as he deems advisable.

We certify that all information submitted in the admission process—including the Candidate Profile, Candidate Essays, other application materials, any supplements, and any other supporting materials—is factually accurate and honestly presented. We understand that the candidate may be subject to possible admission revocation should the information we have certified be false. Additionally, we certify that the Candidate Essays are entirely the candidate’s work, and that they did not rely upon outside support beyond proofreading to prepare and present responses.

Candidate signature ___________________________ Date ____________

Parent/Guardian signature ___________________________ Date ____________
To be completed by parent(s) or guardian(s)  At Hotchkiss, we believe that the success of students is directly linked to the support and encouragement they receive from their family and their school. We seek to form partnerships with our parents that will allow us to provide the best foundation of support for your child, and we believe the formation of that partnership begins during the application process. We hope you will respond to the following prompts in a way that will help us get to know your child as well as possible.

Name of Candidate: __________________________________________________________________________________________________________________

If, since submitting the Candidate Profile (Gateway Part 1), you have had any changes to your marital status, address, and/or legal custody of applicant, please check “Yes” below and contact us at admission@hotchkiss.org at your earliest convenience, so we may update your child's file.

☐ Yes  ☐ No

If your living arrangements referenced in the Family Information section of the Candidate Profile have changed in a way that may affect your receipt of mailings/notifications, please contact us at admission@hotchkiss.org with an update.

Parent Statement

Please share your observations about your child’s strengths and opportunities for growth. Please limit your response to 2,000 characters or 350 words or fewer.

________________________________________________________________________

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________________________________________________________________________

Signature of Parent/Guardian

Date

Hotchkiss Parent Statement
TO THE STUDENT: Please submit the items if the school you are applying to requires them. Go to www.gatewaytoprepschools.com/member-schools for information on which forms are required by the school. Submitting these forms through the online Gateway system (www.gatewaytoprepschools.com) is preferred by receiving schools.

Student's Name ____________________________

Student's Address ____________________________

Current School ____________________________

TO THE PRINCIPAL/COUNSELOR: If you are the person who also manages grade reports, you should also have received separate requests to complete the Previous Grades and/or Current Academic Year Grades. If you haven’t yet received these requests, please follow up with the student.

What are the first three words that come to mind to describe this student?

Please comment on this student's character, citizenship, and contributions to your community.
If the student's attendance record is not listed on the transcript, please indicate the number of days they have been absent or tardy each year while at your school.

If the student is not, or has not been, in good academic standing, please explain.

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanctions?  ○ Yes  ○ No

Have they withdrawn from school voluntarily for an extended period of time for other than reasons of health?  ○ Yes  ○ No

If the answer to either of these questions is yes, please provide an explanation.

Please add any additional information that will provide a more complete picture of the student.
Please place check marks at the points that represent your evaluation of the student in comparison to other students in their age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

<table>
<thead>
<tr>
<th></th>
<th>One of the top few I have ever encountered</th>
<th>Excellent (top 10% this year)</th>
<th>Good (above average)</th>
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<tr>
<td><strong>Academic Potential</strong></td>
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<td><strong>Academic Achievement</strong></td>
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<td><strong>Intellectual Curiosity</strong></td>
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<td><strong>Effort/Determination</strong></td>
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<td><strong>Ability to Work Independently</strong></td>
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<td><strong>Organization</strong></td>
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<td><strong>Creativity</strong></td>
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<td><strong>Willingness to Take Intellectual Risks</strong></td>
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<td><strong>Maturity (relative to age)</strong></td>
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<td><strong>Responsibility</strong></td>
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<td><strong>Respect Accorded by Faculty</strong></td>
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<td><strong>Emotional Stability</strong></td>
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</tbody>
</table>

If the student is particularly weak or strong in any areas listed above, please elaborate.

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the student’s application.

Signature           Date           School Address

Printed Name

Title

E-mail Address

Telephone

Last Name, First Name, Middle Name

Applying for

Date of Birth

Gender
TO THE STUDENT: Please submit the items if the school you are applying to requires them. Go to [www.gatewaytoprepschools.com/member-schools](http://www.gatewaytoprepschools.com/member-schools) for information on which forms are required by the school. Submitting these forms through the online Gateway system ([www.gatewaytoprepschools.com](http://www.gatewaytoprepschools.com)) is preferred by receiving schools.

You should request each item from the official or officials at your school who handle such requests. In some cases, one school official may submit all of the items; in other cases, different school officials may submit each item.

Send this request to the school official responsible for grade reports at your current school. The school will be responsible for sending your grades from the past two years:
- If you are new to your school this year, send this request to the school official responsible for grade reports at your previous school.

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Current Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's Address</td>
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<td>City/Town</td>
<td>State/Province</td>
<td>Country</td>
<td>Zip/Postal Code</td>
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<tr>
<td>Current School</td>
<td></td>
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<td></td>
<td>Previous School Attended</td>
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</tbody>
</table>

TO THE SCHOOL OFFICIAL: Please submit Previous Grades for the past two years. It is our preference that Previous Grades be submitted separately from Current Academic Year Grades. However, if your school grade report includes current grades and previous grades, please also submit a copy to the Current Academic Year Grades to complete both requirements on the student's application requirement checklist.

School serves grades: ________ to ________  Number of students in entire school: _______

In what month does your school year begin? ________ end? ________

Please explain your grading scale

Please describe your academic grade distribution (e.g. what percentage of your students receive A, B or C grade)

Does your school rank? [ ] Yes [ ] No  Is your rank: [ ] Approximate [ ] Exact  How many students are in the entire grade? _______

Does your school use a block scheduling system? [ ] Yes [ ] No

This candidate ranks ________ out of ________, ________ other students share this rank.

Are students placed in sections according to ability? [ ] Yes [ ] No  If yes, please tell us in which level the applicant is placed for each subject.
If the student's attendance record is not listed on the transcript, please indicate the number of days they have been absent or tardy each year while at your school.

If the student is not, or has not been, in good academic standing, please explain.
TO THE STUDENT: Please submit the items if the school you are applying to requires them. Go to www.gatewaytoprepschools.com/member-schools for information on which forms are required by the school. Submitting these forms through the online Gateway system (www.gatewaytoprepschools.com) is preferred by receiving schools.

You should request each item from the official or officials at your school who handle such requests. In some cases, one school official may submit all of the items; in other cases, different school officials may submit each item.

Send this request to the school official responsible for grade reports at your current school after the conclusion of your school's first grading period.

### Current Academic Year Grades

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Current Grade</th>
</tr>
</thead>
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<td>Student's Address</td>
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<td>Zip/Postal Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current School</th>
<th>Previous School Attended</th>
</tr>
</thead>
</table>

TO THE SCHOOL OFFICIAL: Please submit Current Academic Year Grades after the conclusion of your school's first grading period. It is our preference that Current Academic Year Grades be submitted separately from Previous Grades. However, if your school grade report includes current and previous grades, please also submit a copy to the Previous Grades to complete both requirements on the student's application requirement checklist.

Having trouble? Visit the Member Schools page at www.gatewaytoprepschools.com/member-schools for contact information.

<table>
<thead>
<tr>
<th>School serves grades:</th>
<th>to</th>
<th>Number of students in entire school:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In what month does your school year begin?</td>
<td>end?</td>
<td></td>
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<tr>
<td>Please explain your grading scale</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please describe your academic grade distribution (e.g. what percentage of your students receive A, B or C grade) | |

<table>
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<tr>
<th>Does your school rank?</th>
<th>Yes</th>
<th>No</th>
<th>Is your rank:</th>
<th>Approximate</th>
<th>Exact</th>
<th>How many students are in the entire grade?</th>
</tr>
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<tbody>
<tr>
<td>Does your school use a block scheduling system?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

This candidate ranks | out of | . | other students share this rank. |

Are students placed in sections according to ability? | Yes | No |

If yes, please tell us in which level the applicant is placed for each subject.

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If the student's attendance record is not listed on the transcript, please indicate the number of days they have been absent or tardy each year while at your school.

If the student is not, or has not been, in good academic standing, please explain.
TO THE STUDENT: Please submit the items if the school you are applying to requires them. Go to www.gatewaytoprepschools.com/member-schools for information on which forms are required by the school. Submitting these forms through the online Gateway system (www.gatewaytoprepschools.com) is preferred by receiving schools.

You should request each item from the official or officials at your school who handle such requests. In some cases, one school official may submit all of the items; in other cases, different school officials may submit each item.

Only share additional required grade reports here, if applicable. Send this request for additional grades to a school official only if:
- You have attended more than two schools in the past three years and need additional space to share required grade reports.
- A member school has reached out requesting a missing required grade report.

Student’s Name ____________________________  Last  First  Middle  Current Grade

Student’s Address ____________________________________________________________

City/Town ____________________________________________________________ State/Province  Country  Zip/Postal Code

Current School ____________________________  Previous School Attended ____________________________

TO THE SCHOOL OFFICIAL: Please submit the items if the school your student is applying to requires them. Go to www.gatewaytoprepschools.com/member-schools for information on which forms are required by the school. Submitting these forms through the online Gateway system (www.gatewaytoprepschools.com) is preferred by receiving schools.

Please submit the specified grade report(s) noted in the email request from gatewaytoprepschools.com.

Having trouble? Visit the Member Schools page at www.gatewaytoprepschools.com/member-schools for contact information.

School serves grades: ___________ to ___________  Number of students in entire school: ___________

In what month does your school year begin? __________________ end? ________________

Please explain your grading scale ____________________________

Please describe your academic grade distribution (e.g. what percentage of your students receive A, B or C grade) ____________________________

Does your school rank?  Yes  No  Is your rank:  Approximate  Exact  How many students are in the entire grade? ___________

Does your school use a block scheduling system?  Yes  No

This candidate ranks ___________ out of ___________ .  ___________ other students share this rank.

Are students placed in sections according to ability?  Yes  No  If yes, please tell us in which level the applicant is placed for each subject.
If the student's attendance record is not listed on the transcript, please indicate the number of days they have been absent or tardy each year while at your school.

If the student is not, or has not been, in good academic standing, please explain.

Name of Student

Signature     Date

Printed Name

Title

School Address

E-mail Address

Telephone

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender

Optional Additional Grades  8D
TO THE STUDENT: Please provide your name and address below before giving this form to a recommender. If your recommender is submitting by mail, please provide stamped, addressed envelopes for each of your schools. Let recommenders know the deadlines for each school.

Student's Name ___________________________ Last Name, First Name, Middle Name ___________________________

Student's Address ___________________________ Street _____________________________________________

TO THE TEACHER: The student named above is a candidate for admission. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful responses. The deadline for application to most schools is January 15th. This recommendation will remain confidential and will not become part of the student's permanent record.

How well do you know the student academically? ___________________________ As a person? ___________________________

In what years did you teach the student? ___________________________ How large is the class? ___________________________

What course(s)? ___________________________ Is the student on a block schedule? □ Yes □ No

Is this course part of a tracking system or designated as an honors or accelerated course? □ Yes □ No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

How accurately does the student read and understand what they have read?"

How well does the student write in comparison with other students whom you have taught? Please be specific about areas of strength and weakness.

How well does the student accept advice or criticism?

What are the first three words that come to mind to describe this student?

1. ___________________________ 2. ___________________________ 3. ___________________________
Please place check marks at the points that represent your evaluation of the student in comparison to other students in their age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

<table>
<thead>
<tr>
<th>Academic Potential</th>
<th>Excellent (top 10% this year)</th>
<th>Good (above average)</th>
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- One of the top few I have ever encountered
- Academic Achievement
- Intellectual Curiosity
- Effort/Determination
- Ability to Work Independently
- Organization
- Creativity
- Willingness to Take Intellectual Risks
- Concern for Others
- Honesty/Integrity
- Self-esteem
- Maturity (relative to age)
- Responsibility
- Respect Accorded by Faculty
- Respect Accorded by Peers
- Emotional Stability
- Overall Evaluation as a Person
- Overall Evaluation as a Student

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student’s character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the student’s application.

Signature ___________________________ Date ____________

E-mail Address ________________________ Telephone ________________________

Title _______________________________ School ________________________________

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TO THE STUDENT: Please provide your name and address below before giving this form to a recommender. If your recommender is submitting by mail, please provide stamped, addressed envelopes for each of your schools. Let recommenders know the deadlines for each school.

Student's Name ____________________________  Last  First  Middle  Current Grade ____________________________

Student's Address ____________________________  Street ____________________________  City/Town ____________________________  State/Province ____________________________  Country ____________________________  Zip/Postal Code ____________________________

TO THE TEACHER: The student named above is a candidate for admission. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful responses. The deadline for application to most schools is January 15th. This recommendation will remain confidential and will not become part of the student's permanent record.

How well do you know the student academically? ____________________________  As a person? ____________________________

In what years did you teach the student? ____________________________  How large is the class? ____________________________

What course(s)? ____________________________  Is the student on a block schedule?  Yes  No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

Next year what math course would be the most appropriate placement for the student? ____________________________

Is this course part of a tracking system or designated as an honors or accelerated course?  Yes  No

Student’s Mathematical Background: The courses listed below suggest a sequence typical of the mathematics curriculum in many U.S. secondary schools. Please check those courses or list others which the student will have completed by the end of the current school year.

- Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations)
- First Year Algebra (a thorough course which included quadratics)
- Geometry
- Second Year Algebra (not including trigonometry)
- Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine)
- Pre-Calculus (including analytical trigonometry)
- Calculus (an introduction)
- Calculus (Advanced Placement AB)
- Calculus (Advanced Placement BC)

Please place check marks at the points that represent your evaluation of the student in comparison to other students in their age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

<table>
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<tr>
<th>Knowledge of the Basic Skills</th>
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<th>Excellent (top 10% this year)</th>
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<th>Average</th>
<th>Below Average</th>
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</thead>
</table>
| Accuracy in the Use of Basic Skills
| Problem Solving Ability
| Reasoning Ability
| Understanding of and Appreciation for the Underlying Ideas and Concepts
| Effort
| Overall Performance
| Willingness to Accept the Challenge of the More Difficult Problems and Exercises
| Command of Mathematics When Compared to Other Students Whom You Have Taught

Last Name, First Name, Middle Name ____________________________  Date of Birth ____________________________

Applying for ____________________________  Gender ____________________________
Please place check marks at the points that represent your evaluation of the student in comparison to other students in their age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

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If the student is relatively weak or strong in any areas listed above, please elaborate.

What are the first three words that come to mind to describe this student?

1. __________________________  2. __________________________  3. __________________________

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the student's application.

Signature __________________________ Date _____________

School Address __________________________

E-mail Address __________________________ Telephone __________________________

Title __________________________ School __________________________
TO THE STUDENT: This recommendation should be given to an adult who is not related to you, but who knows you well. You may choose anyone who interacts with you on a regular basis and who knows you through one of your interests: an additional classroom teacher, for example, or an employer, a music instructor, a coach, or a member of the clergy. Before giving this form to your recommender, please write your name and school below. If your recommender is submitting by mail, please provide stamped, addressed envelopes for each of your schools. Let recommenders know the deadlines for each school.

Student’s Name

Last First Middle Current Grade

Current School

TO THE RECOMMENDER: Schools place considerable weight on the personal qualities of each candidate for admission. Your most candid and thoughtful responses are appreciated. The deadline for application to most schools is January 15th. This recommendation will remain confidential and will not become part of the student’s permanent record.

In what context and for how long have you known the applicant?

What are the first words that come to mind to describe the applicant?

What do you feel is this individual’s greatest strength?

Where do you see the most room for growth in this applicant?

Please comment on the applicant’s performance in and commitment to extracurricular, community, or work involvements.
What do you feel will be the applicant’s contributions to a boarding school community? Please include in your response your reflections on the applicant’s personal integrity, concern for others, dependability, respect accorded by peers, and respect accorded by adults.

I recommend this student for admission:

☐ Enthusiastically   ☐ Strongly   ☐ Mildly   ☐ With reservation   ☐ Not at all

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate’s application. For submission by mail, please have this form postmarked by mid-January.

_____________________________   ________________________
Signature                       Date

_____________________________
Printed Name

_____________________________
Mailing Address

_____________________________
E-mail Address

_____________________________
Relationship to Applicant

_____________________________
Telephone

Last Name, First Name, Middle Name   Date of Birth
Applying for   Gender

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TO THE STUDENT: The information revealed in this optional form is supplemental to the application for admission. Not all, but some candidates have developed exceptional talents and abilities that are of interest to our extracurricular program directors. Consideration of extracurricular activities is only one of many factors weighed by the Admission Committee. Candidates who do not complete this form are given equal consideration. Give this form to a coach or instructor who is able to comment specifically on your abilities. You are free to duplicate this form if you wish to submit multiple recommendations. This form may be used in lieu of the Personal Recommendation.

TO THE RECOMMENDER: The student named below is a candidate for admission. Some candidates have developed exceptional talents and abilities that are of interest to our extracurricular program directors. Please share what you know about this candidate. Not every question on this form is relevant to this candidate. Please answer questions that are applicable. The deadline for application to most schools is January 15th. This recommendation will remain confidential and will not become part of the student’s permanent record.

Name ____________________________ Last ____________________________ First ____________________________ Middle ____________________________ Suffix ____________________________

School ____________________________ Current Grade __________

In what context and for how long have you known the applicant?

What are the first words that come to mind to describe the applicant?

What do you feel is this individual’s greatest strength?

Where do you see the most room for growth in this applicant?

<table>
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<tr>
<th></th>
<th>One of the top few I have ever encountered</th>
<th>Excellent (top 10% this year)</th>
<th>Good (above average)</th>
<th>Average</th>
<th>Below average</th>
<th>No basis for judgment</th>
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<td>Potential</td>
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<td>Achievement</td>
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<td>Talent</td>
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<td>Creativity</td>
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<td>Effort/Determination</td>
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<td>Concern for Others</td>
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<td>Honesty/Integrity</td>
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<td>Self-esteem</td>
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<td>Maturity (relative to age)</td>
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<td>Emotional Stability</td>
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<td>Leadership</td>
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<td>Teamwork</td>
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<td>Respect Accorded by Peers</td>
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Athletics

Positions played:

Please provide event-specific times, speeds or other forms of measurements that reflect the candidate's proficiency. For example, if you coach a swimmer, a 100 freestyle time would be appropriate.

Optional: Height _______ Weight _______

Please list any awards or recognition, including participation on all-star teams.

How would you rate the candidate's ability in comparison to other members of the team and/or students you have coached in your career?

Music & Performing / Visual Arts

Describe as best as possible the candidate's level of talent or ability to perform:

If the candidate is enrolled in a specific school of instruction such as the Suzuki Method or the Royal College of Music, please provide the relevant information regarding level and rating.

Please identify the candidate's position or role in your organization. Designations of chair, soloist, or principal are of interest.

What is the candidate's current repertoire or medium?

At what level do you expect the candidate to participate in an advanced high school arts program?

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application.

Signature ___________________________________________ Date _________________________

Printed Name ______________________________________ Relationship to Applicant _______________________

E-Mail ______________________________________ Telephone _______________________

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