



**NBMBAA Charlotte Chapter Leaders of Tomorrow (LOT) High School Mentoring Program  
High School Counselor Form**

This form should be completed by the applicant's teacher, counselor, advisor, or school principal. Please provide the information being requested below; feel free to utilize a separate page and attach it to this form if additional space is needed. This form should be submitted along with a copy of the student's official school transcript. The requested documents are required to consider program admission of the student applying to the NBMBAA Charlotte LOT Program and should be sent to: [lot@nbmbaacharlotte.org](mailto:lot@nbmbaacharlotte.org)

APPLICANT'S FULL LEGAL NAME		
Last Name:	First Name:	Middle Name:

APPLICANT'S MAILING ADDRESS		
Street and number:		
City:	State/Province:	Zip/Postal Code:

APPLICANT'S SCHOOL INFORMATION		
School Name:	Address:	
City:	State/Province:	Zip/Postal Code:
GPA:	Current HS Grade:	

1. This applicant is percentile \_\_\_ out of \_\_\_ students in the applicant's class. Of the class, about \_\_\_\_\_ percent plan to attend college/trade school.

*\*Rank in the class is helpful to us. If class rank cannot be cited, please estimate or give some other indication of how the applicant has performed relative to classmates.*

2. Expected date of graduation. Applicant is on track to graduate from secondary school and matriculate to higher education program in what year? 20\_\_

3. Are there any special circumstance in the student's background or home life that would help us better evaluate the applicant?
  - No     Yes If yes, please explain.
  
4. Has this student incurred serious or repeated disciplinary action, been suspended, or left voluntarily for an extended period of time?
  - No     Yes If yes, please explain
  
5. What can you tell us about the student's personal qualities?
  
6. Please comment about the student's potential to adapt to new environments and work well with peers:
  
7. Please check the chart below to compare the student with other students in his/her/their class:

	Below Average	Average	Good (above average)	Very good (well above average)	Excellent (top 10% this year)
Academic Success					
Academic Motivation					
Intellectual Level					
Respect/Concern for Others					
Leadership					
Character and Integrity					
Public speaking					

<b>ADDITIONAL INFORMATION (Please select one):</b> <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ADVISOR <input type="checkbox"/> TEACHER <input type="checkbox"/> PRINCIPAL		
Prefix (Dr, Ms., Mr., etc.):	First Name:	Last Name:
School:	Telephone:	Best time to reach:
Email:		
Counselor's signature		Date