

\_\_\_\_\_ Evaluator's Name (Note to evaluator: You may remove your name before you return the form if you wish.)

**CROSSETT COMMUNITY SCHOLARSHIP ASSOCIATION  
SCHOLARSHIP RECOMMENDATION FORM**

Applicant's Name \_\_\_\_\_

Note to Evaluator: Please evaluate this student for their scholarship by rating each of the following criteria from 0 (the least desirable) to 10 (the most desirable). Return the form to the high school counselor's office. Thank you for your time and assistance in this important matter.

- \_\_\_\_\_ ACADEMIC ABILITY
- \_\_\_\_\_ STUDY HABITS/HARD WORK
- \_\_\_\_\_ THOROUGHNESS/COMPLETES ASSIGNMENTS
- \_\_\_\_\_ USES TIME WISELY
- \_\_\_\_\_ SETS AND WORKS TOWARD LONG TERM GOALS
- \_\_\_\_\_ ACCEPTS CHALLENGES READILY
- \_\_\_\_\_ ACCEPTS AND HANDLES RESPONSIBILITY
- \_\_\_\_\_ ADJUSTMENT/ADAPTABILITY
- \_\_\_\_\_ COOPERATIVENESS
- \_\_\_\_\_ LEADERSHIP
- \_\_\_\_\_ IS WELL RESPECTED BY OTHERS
- \_\_\_\_\_ IS RESPECTFUL AND THOUGHTFUL OF OTHERS
- \_\_\_\_\_ RELIABILITY/DEPENDABILITY
- \_\_\_\_\_ INITIATIVE/SELF MOTIVATION
- \_\_\_\_\_ ATTENDANCE/PUNCTUALITY
- \_\_\_\_\_ POISE AND SELF CONTROL
- \_\_\_\_\_ PERSONAL APPEARANCE
- \_\_\_\_\_ COMMON SENCE
- \_\_\_\_\_ MORAL CHARACTER
- \_\_\_\_\_ MATURITY

Feel free to add any other comments that you wish that would help us to make our scholarship selections.

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