



SCHOLARSHIP APPLICANT APPRAISAL FORM

One appraisal must be completed by a school counselor, teacher, coach, administrator or a non-family member who knows your qualifications relating to the scholarship(s) for which you are applying.

Applicant Name: _____

High School: _____ Appraiser's Name: _____

Scholarships are awarded based on one or more criteria. Please indicate the criteria that apply to the student you are appraising. (check all that apply)

Academics

Church activities

Leadership

Artistic activities

Community Service

Other activities

Athletics

Drama

Overcoming obstacles

Career choice

Financial need

Work ethic

TO THE APPRAISER: Your appraisal is very important to completing the scholarship packet. Please give it your immediate attention. By receiving this form, the student is authorizing you to release any information that would help in reviewing his/her application. The scholarship deadline is **January 11, 2019**. All materials must be received on or before this date for consideration. **Please upload this form at www.rochesterschoolsfoundation.org under Confidential Appraisal Upload or give back to the student so they can upload it with their complete application packet. Call 248-726-3190 with questions.**

- What is your relationship with the applicant?

Academic	Personal	Employer	Other (specify) _____
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- How long have you been acquainted with the applicant?

All his/her life	5-10 years	3-5 years	1-3 years
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- How well do you know the applicant?

Extremely well	Very well	Moderately well	Not well
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- Do you think the applicant has the ability and determination to complete his/her educational objectives?

Yes	No	Don't know
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- Please write a letter of recommendation on the following page.

CERTIFICATION: *By typing your name below, you certify that all of the information on this form is true and complete to the best of your knowledge. After you have written your letter of recommendation (see next page), we ask that you save the document on your desktop and upload the form at www.rochesterschoolsfoundation.org.*

Appraiser's Name _____

Title _____ School, Business, etc. _____

Daytime Phone _____

Please write a letter of recommendation that includes personal traits such as cooperation, perseverance, character, work ethics, ability to set realistic goals, responsibility, commitment to educational goals and commitment to community.

Community Scholarship Program

**A joint program of Community Foundation of Greater Rochester • Rochester Community Schools Foundation
Rochester Kiwanis Club • Rochester Rotary Club**