

To the Applicant:

Print or type your name, address and school below and give this form to a classroom teacher. Choose a teacher or faculty member who you feel can best support your application while providing insightful, useful information concerning your candidacy. Two teacher appraisals are required for scholarship consideration. Return the Teacher Appraisal forms with the Scholarship Award Application to the Fund Office.

Participant's And Applicant's Information

To be completed by Applicant

Participant's Last Name	First Name	Mid. Int.
Applicant's Last Name	First Name	Mid. Int.
Street	<input type="checkbox"/> Check if Mailing Address is new.	Email Address
City	State	School/City
Zip Code		Date Submitted to Teacher
Applicant Signature		Date

Teacher's Appraisal And Recommendation

To be completed by Teacher

General Rating

This student seeks to obtain a Scholarship Award from the UFCW Benefit Fund.

I have been teaching years. Subject taught

I have taught this student the following course(s):

I have known this student for years months.

Do you have any reason to doubt this student's academic integrity? Yes No (If yes, attach a statement)

Compare the originality of this student in solving problems to that of other students you have taught.

No basis for judgement Good Excellent Exceptional

Compare the thoroughness with which this student has pursued the work of your course to that of other students you have taught.

No basis for judgement Good Excellent Exceptional

Compare the student's ability to grasp difficult concepts readily to that of other students you have taught.

No basis for judgement Good Excellent Exceptional

How well does this student work in group problem-solving situations?

No basis for judgement Good Excellent Exceptional

How has this student achieved good grades in your course? Check as many as apply.

By consistent hard work By virtue of memorization By grade consciousness By brilliance of mind

This report is based on: (check more than one if appropriate)

personal observation and contact with Applicant other counselors' observations teacher comments records

Other

How long have you known the Applicant?.....

In what capacity?

What are the first words that come to mind in describing this Applicant?

Please rate this student in comparison to others, using this scale:

No basis for judgement	Good (above average)	Excellent (top 10% this year)	Outstanding (top 5% this year)	One of the top few I've encountered
<input type="checkbox"/> Academic/Vocational Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Academic/Vocational Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Academic/Vocational Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Academic/Vocational Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Warmth of Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reaction to Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respect Accorded by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this Applicant ever been dismissed, suspended, placed on probation or incurred other serious disciplinary action? Yes No

If yes, please explain

Compared to other college-bound or vocational training-bound students check how you would rate this student:

Good (above average) Excellent (top 10%) Outstanding (top 5%) One of top few ever encountered

If you check "One of the top few," please explain

Summary – PLEASE ATTACH A LETTER OF RECOMMENDATION ON BEHALF OF THE APPLICANT.

Include your thoughts on what distinguishes the student from others at your school. We are particularly interested in evidence about character, relative maturity, independence, personal values, the things the Applicant is enthusiastic about and any special talents or qualities. Avoid listing the student's activities, as this information is submitted by the Applicant. If appropriate, do cite any unusual circumstances which may explain the student's qualifications. Attach your response on a separate page.

Teacher's Signature

Date

