

TO THE SECONDARY SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR:

Please give the committee your opinion of the candidate by checking the rating scale below:

	Very Low	Low	Average	Above Average	Very High
Emotional Stability	_____	_____	_____	_____	_____
Ability to work with and for others	_____	_____	_____	_____	_____
Contributions to school activities	_____	_____	_____	_____	_____
Ability to take responsibility	_____	_____	_____	_____	_____
Academic Industry	_____	_____	_____	_____	_____
Concern for Others	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____

Please use the space below for your comments concerning the candidate, including your frank opinion as to how well he meets the stated qualifications for this scholarship, and forward scholastic records.

Date _____

(Signature)

(Title)