



## SCHOLARSHIP APPLICANT APPRAISAL FORM

**Please print in black ink or type.** The appraisal must be completed by a school counselor, teacher, coach or 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 one or more criteria. Please indicate the criteria that apply to the student you are appraising.

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 this applicant. Please give it your immediate attention. The student has authorized you to release any information that would help in reviewing his/her application. The scholarship deadline is **February 27, 2015**. All materials must be received on or before this date for consideration. **Please return this form to the applicant, high school counselor, or directly to the Rochester Community Schools Foundation Office** at (501 W. University Drive - Rochester, MI 48307). **Phone 248-726-3190 with questions.**

- What is your relationship with the applicant?  
 Academic       Personal       Employer       Other (specify)\_\_\_\_\_
- How long have you been acquainted with the applicant?  
 All his/her life       5-10 years       3-5 years       1-3 years
- How well do you know the applicant?  
 Extremely well       Very well       Moderately well       Not well
- Do you think the applicant has the ability and determination to complete his/her educational objectives?  
 Yes       No       don't know
- Attach a letter recommendation** that includes personal traits such as cooperation, perseverance, character, work habits, ability to set realistic goals, responsibility, commitment to educational goals and commitment to community.

**CERTIFICATION:** *All of the information on this form is true and complete to the best of my knowledge.*

Appraiser's Signature \_\_\_\_\_

Title \_\_\_\_\_ School, Business, etc. \_\_\_\_\_

Daytime Phone \_\_\_\_\_

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### Community Scholarship Program

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