



Bill Simon Memorial Scholarship Program

APPLICANT APPRAISAL

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. This section is to be completed by a teacher, advisor, instructor or a work supervisor who knows you well. Please submit 2 appraisals.

To the Professional Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant. A letter of recommendation does not replace this section.

The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school, community or work	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, use and find learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Appraiser's Personal Comments (Required)

Appraiser's Information

Name: _____

Title: _____

Organization: _____

Telephone: _(_____)_____

Email Address: _____

Relationship to Applicant: _____

E-Signature: I certify that the information provided herein is complete and accurate to the best of my knowledge.

Yes Date: ____/____/____