



The 281st Assault Helicopter Association Memorial Scholarship Program

COLLEGE or HIGH SCHOOL COUNSELOR EVALUATION

(Please complete this form using dark ink only)

To the Counselor:

WE THE MEMBERS OF THE SCHOLARSHIP TRUSTEE COMMITTEE WILL EVALUATE THIS FORM, ALONG WITH OTHERS, VERY CAREFULLY. WE CONSIDER YOU COMMENTS TO BE VERY IMPORTANT. ON BEHALF OF THE CANDIDATE, THANK YOU FOR YOUR COOPERATION. WE WILL PROTECT THE CONFIDENTIALITY OF YOUR REPORT AS PERMITTED BY LAW.

RANK

In the interest of the candidate, please provide complete information.

The candidate ranked _____ out of _____ students in the college preparatory group entire class

If the precise rank is not available, please indicate the candidate's rank to the nearest percentile, or G.P.A.

Class Rank is based on all subjects major subjects only semester record cumulative record

In determining rank in class, do you give weight to honors, accelerated, enriched or advance placement courses? _____

RATINGS	Average or below	Good	Very Good	Excellent (Top 5%)	Comments
Intellectual ability					
Academic Achievement					
Motivation					
Maturity					
Self-Discipline					

SUMMARY STATEMENT

We would like you to comment on the strengths of the candidate's academic program, and any unusual circumstances affecting his or her performance. We welcome observations that will help us to distinguish this student from other applicants. AN ATTACHED LETTER OF RECOMMENDATION WOULD BE VERY BENEFICIAL TO THE APPLICANT.

REPORT BASIS

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

- | | |
|---|---|
| <input type="checkbox"/> Personal observations and contact with student | <input type="checkbox"/> teacher comments |
| <input type="checkbox"/> Observations of other counselors | <input type="checkbox"/> records |

Signature: _____ Length of time acquainted with candidate: _____

Printed Name: _____ Title: _____

Date: _____ Guidance Office Telephone: _____