



**The 281st Assault Helicopter Association
Memorial Scholarship Program**

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 your comments to be extremely important. On behalf of the Candidate, thank you for your cooperation. We will protect the confidentiality of your report as permitted by law.

APPLICANT'S NAME _____

RANK

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

GPA _____

The candidate ranked _____ out of _____ students in the entire class.

In determining rank in class, is weight given to Honors, Accelerated, Enriched or Advanced Placement courses? _____ yes _____no

Is Class Rank based on all types of subjects taken or is it a cumulative academic record?
(circle one)

Using the following Ratings Scale, please check the appropriate:

Ratings	Excellent	Very Good	Good	Average or below (Select 1)
Academic Achievement				
Sense of Direction				

Revised: 2021/10/10

SUMMARY STATEMENT

We would like you to comment on the strengths of the candidate's academic program. If there are unusual circumstance affecting his or her performance, please comment below. Add additional sheets if necessary.

REPORT BASIS

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

- _____ Personal observations and contact with the student
- _____ Observations of other counselors from prior interactions
- _____ Teacher comments
- _____ Academic records

Signature _____

Printed Name _____

Your Title _____

Number of cumulative interactions you have personally had with the student. _____

Date _____ Guidance Office Telephone _____

Revised: 2021/10/10