

Lakes Region Scholarship Foundation
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www.lrscholarship.org

APPLICANT APPRAISAL

Student Name: _____

TO THE STUDENT: Please have this section completed by a school administrator, counselor, teacher, or employer, who knows you and your accomplishments.

TO THE APPRAISER: This appraisal should be returned to the applicant in a sealed envelope with your signature across the seal. Thank You!

RATING: Please enter one of the following numerical values in rating the student in terms of academic skills and potential:

1 – Below Average 2 – Average 3 – Good (above average) 4 – Excellent (top 10%) 5 – Outstanding (top 2-3%)

Academic achievement	___	Independence, initiative	___
Creativity, originality	___	Motivation	___
Disciplined work habits	___	Potential for growth	___
Effective class participation	___	Problem solving skills	___
Goal oriented	___	Written expression of ideas	___

How appropriate is the Applicant's choice of college:
___ extremely ___ very ___ moderately ___ not

How appropriate is the Applicant's choice of post-secondary education program:
___ extremely ___ very ___ moderately ___ not

How appropriate is the Applicant's career choice:
___ extremely ___ very ___ moderately ___ not

How long have you known applicant? _____

Additional comments: _____

Appraiser's Signature

Title/Position

Date