



# Dependent Scholarship Program

Application postmark deadline April 30

**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult 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 applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is  extremely appropriate  very appropriate  moderately appropriate  inappropriate

The applicant's achievements reflect his/her ability  extremely well  very well  moderately well  not well

The applicant's ability to set realistic and attainable goals is  excellent  good  fair  poor

The quality of the applicant's commitment to school and/or community  excellent  good  fair  poor

The applicant is able to seek, find, and use learning resources  extremely well  very well  moderately well  not well

The applicant demonstrates curiosity and initiative  extremely well  very well  moderately well  not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks  extremely well  very well  moderately well  not well

The applicant's respect for self and others is  excellent  good  fair  poor

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_