

To The Applicant: *Print or type your name, address and school below and give this form to a classroom teacher.* Choose a teacher or faculty member who you feel can best support your application while providing insightful, useful information concerning your candidacy. Two teacher appraisals are required for scholarship consideration. Return the Teacher Appraisal forms with the Scholarship Award Application to the Union Office

1. Member's And Applicant's Information *To be completed by Applicant*

Member's Last Name	First Name	M.I.	Social Security Number (last 4)
Applicant's Last Name	First Name	M.I.	Social Security Number (last 4)
Home Address	City	State	Zip Code
School\City		Date Submitted To Teacher	

Applicant Signature _____

Date _____

Teacher's Appraisal And Recommendation *To be completed by Teacher*

General rating

This student seeks to obtain a Scholarship Award from UFCW Local 324.

I have been teaching ____ years. Subject taught: _____

I have taught this student the following course(s): _____

I have known this student for ____ years ____ months

Do you have any reason to doubt this student's academic integrity? Yes No (if yes, attach statement)

Compare the originality of this student in solving problems to that of other students you have taught.

No basis for judgment Good Excellent Exceptional

Compare the thoroughness with which this student has pursued the work of your course to that of other students you have taught.

No basis for judgment Good Excellent Exceptional

Compare the student's ability to grasp difficult concepts readily to that of other students you have taught.

No basis for judgment Good Excellent Exceptional

How well does this student work in group problem-solving situations?

No basis for judgment Good Excellent Exceptional

How has this student achieved good grades in your course? Check as many as apply.

By consistent hard work By virtue of memorization By grade consciousness By brilliance of mind

General Rating (continued)

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

- personal observation and contact with Applicant
- other counselor's observations
- teacher comments
- records
- other: _____

What are the first words that come to mind in describing this Applicant? _____.

How long have you known the Applicant? _____ In what capacity? _____.

Please rate this student using this scale:

No basis for judgment	Good (above average)	Excellent (top 10% this year)	Outstanding (top 5% this year)	One of the top few I have ever encountered
<input type="checkbox"/> Academic/Vocational Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Academic/Vocational Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Academic/Vocational Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Academic/Vocational Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Warmth of Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reaction to Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respect Accorded by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this Applicant ever been dismissed, suspended, placed on probation or incurred other serious disciplinary action? Yes No

If yes, please explain _____

Summary PLEASE ATTACH A LETTER OF RECOMMENDATION ON BEHALF OF THE APPLICANT.

Include your thoughts on what distinguishes the student from others at your school. We are particularly interested in evidence about the character, relative maturity, independence, personal values, the things the Applicant is enthusiastic about and any special talents or qualities. Avoid listing the student's activities, as this information is submitted by the Applicant. If appropriate, do cite any unusual circumstances which may explain the student's qualifications. Attach your response to this form.

Teacher's Signature _____

Date _____