

CHI Health 2016 Scholarship Appraisal Form



STUDENT: Please print this form, print your name and High School and give to ONE Appraiser to complete. It is your responsibility to include this sealed form in your application packet and submit by the application deadline of Noon on Monday, February 8, 2016. **(Please do not send separately!)**

APPRAISER: Please return this signed form to the student in a **sealed envelope with your signature** across the flap. Unsealed and unsigned forms will not be considered.

Student Name: _____ High School: _____

Appraiser Information (required):

Name: _____ Daytime Phone: _____

Employer: _____ Title: _____

Email address: _____

Signature: _____ Date: _____

This section is to be completed by a school administrator, high school guidance counselor, or teacher (excluding family members). Check one appropriate choice for each question below.

The student's achievements reflect his/her ability:

Extremely well Very well Moderately well Not well

The student's demonstration of teamwork:

Excellent Good Fair Poor

The student's ability to seek, find and use learning resources:

Excellent Good Fair Poor

The student's problem-solving skills and ability to follow through:

Excellent Good Fair Poor

The student's commitment to school and/or community:

Excellent Good Fair Poor

The student's respect for self and others:

Excellent Good Fair Poor

The student's ability to set realistic and attainable goals

Excellent Good Fair Poor

The appropriateness of the student's choice of post-secondary education/institution

Extremely appropriate Very appropriate Moderately appropriate Not appropriate

How long have you know the student? _____ (months/years)

In what capacity have you known the student? _____

Are you related in any way to the student? Yes _____ No _____

Thank you!