

**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*