



**The 281<sup>st</sup> Assault Helicopter  
Association Memorial Scholarship Program**

**COLLEGE or 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 YOU COMMENTS TO BE VERY IMPORTANT. ON BEHALF OF THE CANDIDATE, THANK YOU FOR YOUR COOPERATION. WE WILL PROTECT THE CONFIDENTIALITY OF YOUR REPORT AS PERMITTED BY LAW.

**RANK**

In the interest of the candidate, please provide complete information.

The candidate ranked \_\_\_\_\_ out of \_\_\_\_\_ students in the  college preparatory group  entire class

If the precise rank is not available, please indicate the candidate's rank to the nearest percentile, or G.P.A.

\_\_\_\_\_

Class Rank is based on  all subjects  major subjects only  semester record  cumulative record

In determining rank in class, do you give weight to honors, accelerated, enriched or advance placement courses? \_\_\_\_\_

<b>RATINGS</b>	<b>Average or below</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent (Top 5%)</b>	<b>Comments</b>
Intellectual ability					
Academic Achievement					
Motivation					
Maturity					
Self-Discipline					

# SUMMARY STATEMENT

We would like you to comment on the strengths of the candidate's academic program, and any unusual circumstances affecting his or her performance. We welcome observations that will help us to distinguish this student from other applicants. AN ATTACHED LETTER OF RECOMMENDATION WOULD BE VERY BENEFICIAL TO THE APPLICANT.

# REPORT BASIS

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

- Personal observations and contact with student
- Observations of other counselors
- teacher comments
- records

Signature: \_\_\_\_\_ Length of time acquainted with candidate: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Guidance Office Telephone: \_\_\_\_\_