

TO THE SECONDARY SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR:

Please give the committee your opinion of the candidate by checking the rating scale below:

|                                     | Very Low | Low   | Average | Above Average | Very High |
|-------------------------------------|----------|-------|---------|---------------|-----------|
| Emotional Stability                 | _____    | _____ | _____   | _____         | _____     |
| Ability to work with and for others | _____    | _____ | _____   | _____         | _____     |
| Contributions to school activities  | _____    | _____ | _____   | _____         | _____     |
| Ability to take responsibility      | _____    | _____ | _____   | _____         | _____     |
| Academic Industry                   | _____    | _____ | _____   | _____         | _____     |
| Concern for Others                  | _____    | _____ | _____   | _____         | _____     |
| Leadership                          | _____    | _____ | _____   | _____         | _____     |

Please use the space below for your comments concerning the candidate, including your frank opinion as to how well he meets the stated qualifications for this scholarship, and forward scholastic records.

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)