

The George M. Hillenbrand Memorial Scholarship

Applicant Appraisal (required): To be completed by a high school or college counselor or advisor, an instructor or a supervisor. Please give immediate and serious attention to the following statements. When complete, please return to applicant in a sealed envelope.

Name of Applicant: _____

The applicant's choice of a postsecondary education program is:

- _____ Extremely appropriate
- _____ Very appropriate
- _____ Moderately appropriate
- _____ Not appropriate

The applicant's achievements reflect his/her ability:

- _____ Extremely well
- _____ Very well
- _____ Moderately well
- _____ Not well

The applicant's ability to set realistic and attainable goals is:

- _____ Excellent
- _____ Good
- _____ Fair
- _____ Poor

The quality of the applicant's commitment to school and community is:

- _____ Excellent
- _____ Good
- _____ Fair
- _____ Poor

The applicant is able to seek, find and use learning resources:

- _____ Extremely well
- _____ Very well
- _____ Moderately well
- _____ Not well

The applicant demonstrates good problem-solving skills, follows through and completes tasks:

- _____ Extremely well
- _____ Very well
- _____ Moderately well
- _____ Not well

The applicant's respect for self and others is:

- _____ Excellent
- _____ Good
- _____ Fair
- _____ Poor

Comments:

(additional comments will help the committee in making its recommendation)

Appraiser's name: _____

Date: _____ Title: _____

School: _____