

**WARRENTON HIGH SCHOOL SCHOLARSHIPS, INC.
RECOMMENDATION FORM (DUE APRIL 6, 2018)**

THIS EVALUATION IS CONFIDENTIAL. PLEASE RETURN THIS FORM TO THE WARRENTON HIGH SCHOOL OFFICE:

1700 S MAIN AVE, WARRENTON, OR 97146

A total of three (3) recommendation forms are required for each application.

2 Teacher Recommendations Required

1 Recommendation required from your choice of the following:

School Counselor, Community Leader, Minister, Employer (not related to the student)

PLEASE ONLY USE THE FRONT SIDE OF THIS FORM - ADD PAPER IF NECESSARY

Applicant's Full Name (please print) _____

This student has asked you to provide an assessment of his/her suitability as a candidate for a scholarship.

We are interested in selecting students who have:

- **Demonstrated academic achievement or whom you feel are capable of handling a college curriculum in the future (but whose grades may not presently reflect this).**
- **Provided service to school and community**

CATEGORY	Superior Top 1%	Outstanding Top 5%	Excellent Top 10%	Good Top 33%	Average Top 50%	Below Average Below the Top 50%	No Basis for Judgment
Ability to complete projects accurately and timely							
Writing skills							
Analytical problem-solving skills							
Rapport with peers							
Rapport with faculty							
Ability to adapt to new situations							
Initiative							
Curiosity							
Creativity							
Observation skills							
Effort/Perseverance/Commitment							
Civic Responsibility (Service to school and community)							
Maturity							
Attendance							
Overall							

SUMMARY EVALUATION: (Overall impression of student and additional pertinent information)

Evaluator's Name: _____ Signature: _____
(Please Print)

Position/Department: _____ Work Phone #: _____ Date: _____

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