

The Eastern Atlantic States Regional Council of Carpenters Scholarship Fund
Attn. Troy Singleton, Raritan Plaza II
91 Fieldcrest Avenue
Edison, NJ 08837

CONFIDENTIAL DATA SHEET

(GUIDANCE COUNSELOR)

NAME OF STUDENT _____

NAME OF EVALUATOR _____

ADDRESS _____

The student named above is applying for a scholarship being offered by **The Eastern Atlantic States Regional Council of Carpenters Scholarship Fund**. Your evaluation is important to us in considering this applicant.

EVALUATION OF SOCIAL AND PERSONAL CHARACTERISTICS

	Superior	Above Average	Average	Below Average
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any impressions you have regarding this student's ability to succeed in the college program of his/her choice, as well as any other information you may offer relating to your evaluation of this student. **Please be sure to enclose a copy of his/her SAT scores and transcript.**

Rank in Class _____