

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 below or attach a letter describing any impressions you have regarding this student’s ability to succeed in the college program of his/her choice. Also, include 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: _____

