Name of Scholarship Applicant	
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The St. David's Society of Utica, New York, Inc.

Scholarship Program

Applicant Appraisal Form

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of an application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return this form directly to **Mr. James Griffith, 6725 Golf Course Road, Rome, NY 13440** or return this form to the applicant in a sealed envelope. This form must be received by June 1.

The applicant's choice of a post- secondary education program is:	☐ Extremely appropriate	☐ Very appropriate	☐ Moderately appropriate	☐ Inappropriate
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	☐ Very good	Fair	☐ Poor
The quality of the applicant's commitment to school and community is:	☐ Excellent	☐ Very 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 curiosity and initiative:	☐ Extremely well	☐ Very well	☐ Moderately well	☐ Not well
The applicant's respect for self and others is:	☐ Excellent	☐ Very good	☐ Fair	☐ Poor
Appraiser's signature				
			()	
Print or type appraiser's name tit		telephone		
Appraiser's work address				zip
Relationship to applicant	How long have you known applicant?			