

Applicant Name: _____

Number: _____

Susie A. Laughlin
Scholarship
Faculty and Staff Rating Form

Please rate this student/applicant for the Susie A. Laughlin Memorial Scholarship on the following items. This form needs to be returned by _____ to the principal's office. Comments where appropriate will be appreciated.

1. In what capacity have you known this student and for how long?

2. How would you rate this student academically?

- _____ A. Top 5%
- _____ B. Top 15%
- _____ C. Top 25%
- _____ D. Top 50%

Comment:

3. Did this student?

- _____ A. Always work to capacity
- _____ B. Usually work to capacity
- _____ C. Seldom work to capacity
- _____ D. No basis for judgment

Comment:

4. How would you rate this student's accomplishment, special talent, creativity, leadership in nonacademic areas?

- _____ A. Excellent
- _____ B. Good
- _____ C. Average
- _____ D. Below average

What has the student accomplished?

5. How would you rate this student's participation in community activities?

- _____ A. Excellent
- _____ B. Good
- _____ C. Average
- _____ D. Below average
- _____ E. No basis for judgment

Comment:

6. How would you assess this student's financial need?

- A. Very needy
- B. Needy
- C. Little need
- D. No need
- E. No basis for judgment

Comment:

7. How do you rate this student's potential for future success?

- A. Excellent
- B. Good
- C. Average
- D. Below Average
- E. No basis for judgment

Comment:

8. How would you describe the academic program this student elected?

- A. Below average
- B. Average
- C. Demanding
- D. Usually rigorous

Comment:

9. How would you rate this student in terms of personal traits other than intellectual ones?

- A. Excellent
- B. Good
- C. Average
- D. Below average

Comment:

10. Is there any other information the committee should have in considering this student's application?