BHHS LEGACY FOUNDATION

DVEF

DUAL ENROLLMENT CLASSES/AP TESTS/IB EXAMS/
HEALTH CARE SCHOLARSHIP APPLICATION
2020-2021

ACADEMIC APPLICANT APPRAISAL

Student Name: _____ **Student ID #** _____

STUDENT'S INSTRUCTIONS: Have this section completed by a school administrator, counselor, or teacher who knows your academic accomplishments. At least one of the appraisal forms MUST be completed by a high school teacher who has taught you. At least one of the appraisal forms **MUST** be completed by a **science teacher**. This appraisal form needs to be completed by someone other than a family member.

APPRAISER'S INSTRUCTIONS: Please write whatever you think is important about this student including a description of academic and personal characteristics. We are particularly interested in the applicant's maturity, integrity, leadership potential, special talents, enthusiasm, concern for others, respect accorded by faculty, and reaction to setbacks that will help us to differentiate this student from others. Also include how long you have known the student and in what context. You may attach a separate letter if you wish.
***Please email a copy to: Pam.Esquerra@dvusd.org so that we can begin application processing. In addition we also ask that you place the completed appraisal in a sealed envelope and sign the seal for security. Return the sealed envelope via District mail to: DVEF - Pam Esquerra**.

Compared to others, how do you rate this student in terms of:	No Basis	Below Average	Average	Good Above Average	Very Good Well Above Average	Excellent Top 10%	One of the Top Few Encountered in my career
Academic achievement	○	○	○	○	○	○	○
Extracurricular accomplishments	○	○	○	○	○	○	○
Personal qualities and character	○	○	○	○	○	○	○
Creativity, original thought	○	○	○	○	○	○	○
Motivation	○	○	○	○	○	○	○
Self-confidence	○	○	○	○	○	○	○
Independence, initiative	○	○	○	○	○	○	○
Intellectual ability	○	○	○	○	○	○	○
Written expression of ideas	○	○	○	○	○	○	○
Effective class discussion	○	○	○	○	○	○	○
Disciplined work habits	○	○	○	○	○	○	○
Potential for growth	○	○	○	○	○	○	○

I recommend this student: With reservation | Fairly strongly | Strongly | Enthusiastically

Additional Information:

Name (print): _____ Title: _____

Organization/School: _____

Subject Area (If Teacher): _____ Ph. #: _____

Address: _____ City: _____

Signature: _____ Date: _____

☐ **By Clicking here, you declare that your typed signature constitutes an electronic signature.**