Corinth Community Scholarship Association, Inc.

RECOMMENDATION

Applicant Name: _____ Recommended By: _____

Transcript Information:

1. High School Seniors and students who have completed less than one full semester of post-secondary education

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

Directions: Please answer using the following choices: Poor Good Very Well Extremely Appropriate

1. The applicant's choice of post-secondary education program is _____
2. The applicant's achievements reflect his/her abilities _____
3. The applicant's ability to set realistic and attainable goals is _____
4. The quality of the applicant's commitment to school and community is _____
5. The applicant is able to seek, find, and use learning resources _____
6. The applicant demonstrates curiosity and initiative _____
7. The applicant demonstrates good problem-solving skills, follows through, and completes tasks _____
8. The applicant's respect for self and others is _____

Comments: _____

Attach additional pages if necessary.