

SGASF APPRAISAL
12/23/22

APPLICANT # _____



APPLICANT APPRAISAL FORM:

STUDENT NAME: _____

DATE REQUESTED: _____

APPLICANT APPRAISAL

You have been asked to provide information in support of the above named student's SGASF application. Please give immediate and serious consideration to the following statements, selecting the most appropriate response with a check mark (✓). When complete, please return the form directly to the Counseling Office.

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APPLICANT # _____**Part A:**

	Strongly Agree	Agree	Disagree
I believe this candidate will be successful in his/her post-secondary education.			
The applicant's commitment to school and community is excellent.			
The applicant demonstrates curiosity and takes the initiative to maximize his/her learning and experiences.			
The applicant demonstrates good problem-solving skills, follow through, and task completion.			
The applicant demonstrates high regard and respect for him/herself and others.			

Part B:

Please provide a brief rationale as to why this student should receive a scholarship from SGASF.
(Do NOT name the student)

Appraiser's Name _____

Date _____

Appraiser's Signature _____

Title _____

Appraiser's Business Address _____ Phone _____