# The Corporation for Ohio Appalachian Development
# David V. Stivison Appalachian Community Action Scholarship Fund

## COUNSELOR/PRINCIPAL EVALUATION FORM

(To be completed by school personnel)

Student's Full Name: _____

**This information should reflect the student's status at the conclusion of the most recent grading period of the senior year:**

Grade Point Average _____ of a possible _____ points  Rank in class _____

ACT composite score _____ or SAT scores _____

**The following information should reflect your personal observation of the student:**

Please rate this student as to his/her overall effort exhibited during the school year:

Outstanding _____  Above Average _____  Average _____

Please rate this student as to his/her inclination to succeed in post secondary education:

Outstanding _____  Above Average _____  Average _____

Please rate this student as to his/her character:

Outstanding _____  Above Average _____  Average _____

Based on your knowledge of this student, please indicate your perception of his/her need for financial assistance:

Definite Need _____  Possible Need_____  Questionable Need_____

**Please use the space provided for additional remarks and/or to explain any special circumstances the Scholarship Selection Committee should take into consideration (you may use additional paper if necessary):**

_____

_____

_____

_____

**PLEASE REMEMBER TO ATTACH A TRANSCRIPT OF GRADES TO THIS FORM**

_____ _____ _____

Signature of Counselor/Principal  Title  Date

_____ _____

Printed Name of Counselor/Principal  School District and/or County