**Matthew Harmon Fallen Soldier Scholarship**

Applicant, fill in the following information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major field of study I wish to pursue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of post-secondary school that I plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL APPRAISAL**

Evaluator, you have been asked to provide information in support of this student’s scholarship application. Please give immediate and serious attention to the following statements. When completed please return this form to Scott Schafer in a sealed envelope by: April 3rd, 2024.

**Circle the appropriate response:**

1. The applicant’s choice of a post-secondary educational program is:

extremely appropriate/very appropriate/moderately appropriate/inappropriate

1. The applicant’s achievements reflect his/her ability:

extremely well/very well/moderately well/not well

1. The applicant’s ability to set realistic and attainable goals is:

excellent/good/fair/poor

1. The quality of the applicant’s commitment to school and community is:

excellent/good/fair/poor

1. The applicant is able to seek, find and use learning resources:

extremely well/very well/moderately well/not well

1. The applicant demonstrates curiosity and initiative:

extremely well/very well/moderately well/not well

1. The applicant demonstrates good problem-solving skills, follows through, and completes tasks:

extremely well/very well/moderately well/not well

1. The applicant’s respect for self and others is:

excellent/good/fair/poor

1. The applicant demonstrates trustworthiness and reliability:

extremely well/very well/moderately well/ not well

1. The applicant demonstrates the ability to work well with others:

extremely well/very well/moderately well/not well

1. The applicant demonstrates leadership ability:

extremely well/very well/moderately well/not well

In what capacity do you know this student?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other comments about this student that may help in the selection process?

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Evaluator’s Signature Date Telephone No