

THE SANDI MILES MEMORIAL SCHOLARSHIP **STUDENT EVALUATION FORM 2023**

THIS FORM IS TO BE SUBMITTED ONLY WITH APPLICATIONS FOR FIRST YEAR

STUDY, WHERE THE APPLICANT IS ENTERING COLLEGE/UNIVERSITY DIRECTLY FROM HIGH SCHOOL

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR OR ORTHER SCHOOL OFFICIAL

INSTRUCTIONS: Complete all sections of this Form. The information pertaining to the character, integrity, and the student's ability to do post secondary work are important to us. The best source is a candid recommendation from a guidance counselor, teacher, or principal. When completed, please attach a copy of the student's TRANSCRIPT place in a sealed envelope, and return to the student. Thank you.

STUDENT'S NAME SCHOOL NAME SCHOOL ADDRESS GRADUATION DATE SCHOOL PHONE NO.

	Street & no.		City	prov.	postal code
PLEASE RATE THE STUDENT'S	NO BASIS FOR JUDGEMENT	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING (top 5%)
ACADEMIC ACHIEVEMENT	JODGEMENT	IT VERTICE		IT THE READE	(10) 570)
LEADERSHIP					
SELF CONFIDENCE					
CONCERN FOR OTHERS					
REACTION TO CRITICISM					
RESPECT FROM PEERS					
RESPECT FROM FACULTY					

DMMENTS	

RECOMMENDATION FOR A SUNBEAM SCHOLARSHIP	NOT RECOMMENDED	FAIR	GOOD	EXCELLENT	OUTSTANDING (top 5%)
FOR ACADEMIC PROMISE					
FOR CHARACTER					
OVERALL					

PREPARED BY

NAME (print)______ SIGNATURE _____

DATE ____

POSITION

INFORMATION CONTAINED IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL AND USED ONLY BY THE SCHOLARSHIP COMMITTEE FOR THE SOLE PURPOSE OF DETERMINING SCHOLARSHIPS AWARDED