



Danville / Boyle County Scholarship Foundation Inc.

APPLICANT APPRAISAL

(REQUIRED) Applicant Name _____

To be completed by a high school or college counselor or advisor, an instructor or a supervisor

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Not Appropriate
The applicant's achievement reflect his/her ability	Extremely Well	Very Well	Moderately Well	Not Well
The applicant's ability to set realistic and attainable goals is	Excellent	Good	Fair	Poor
The quality of the applicant's commitment to school and community is	Excellent	Good	Fair	Poor
The applicant is able to seek, find and use learning resources	Extremely Well	Very Well	Moderately Well	Not Well
The applicant demonstrates curiosity and initiative	Extremely Well	Very Well	Moderately Well	Not Well
The applicant demonstrates good problem-solving skills, follow-through and completes tasks	Extremely Well	Very Well	Moderately Well	Not Well
The applicant's respect for self and others is	Excellent	Good	Fair	Poor

Comments _____

Appraiser's Signature _____ Date _____ Title _____ Telephone Number _____

Business Name _____ Address _____ City _____ State _____ Zip Code _____