

CATS Family Scholarship: Evaluator Questionnaire

TO BE COMPLETED BY THE APPLICANT:

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

Name of Evaluator: _____

To the Evaluator: The above applicant has applied for one of four scholarships from the College Athletic Trainers' Society: Family Scholarships. Please complete this form and provide an accompanying letter of recommendation. Forms and letters should be sealed with your signature in an envelope and returned to the the applicant for mailing to the Scholarship Committee.

Waiver of Access to Confidential Recommendation:

To the Applicant: Check one of the following statements and sign where indicated before presenting to evaluator.

I hereby voluntarily waive any and all rights I may have to this Evaluation.

I decline to waive my right of access to this evaluation.

(Signature of Applicant)

(Date)

TO BE COMPLETED BY THE EVALUATOR:

1. How long have you known the applicant _____

2. To what capacity have you known the applicant _____

3. How would rate the applicant in the following areas:

(very strong)

(strong)

(average)

(below average)

Intellectual Ability _____

Academic Preparation _____

Motivation _____

Maturity _____

Dependability _____

Leadership _____

Involvement (School Activities) _____

Involvement (Community) _____

Additional Comments: (may include under separate cover) _____

Name: _____ Signature: _____

Position: _____ Phone: _____

Address: _____

Date: _____