

APPLICANT APPRAISAL (Required)

To be completed by a high school or college counselor or advisor, an instructor, or a work 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 post-secondary education program is

 Extremely appropriate Very appropriate Moderately Appropriate Inappropriate

The applicant's achievements 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 so schools and the 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 good problem solving skills, follows 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 and Title

Date of Signature

Business Address: _____ City _____ ST _____ Zip _____
Telephone Number (____) _____ \