

**The Corporation for Ohio Appalachian Development  
David V. Stivison Appalachian Community Action Scholarship Fund**

**COUNSELOR/PRINCIPAL EVALUATION FORM**

(To be completed by school personnel)

Student's Full Name: \_\_\_\_\_

**This information should reflect the student's status at the conclusion of the most recent grading period of the senior year:**

Grade Point Average \_\_\_\_\_ of a possible \_\_\_\_\_ points      Rank in class \_\_\_\_\_

ACT composite score \_\_\_\_\_ or    SAT scores \_\_\_\_\_

**The following information should reflect your personal observation of the student:**

Please rate this student as to his/her overall effort exhibited during the school year:

Outstanding \_\_\_\_\_      Above Average \_\_\_\_\_      Average \_\_\_\_\_

Please rate this student as to his/her inclination to succeed in post secondary education:

Outstanding \_\_\_\_\_      Above Average \_\_\_\_\_      Average \_\_\_\_\_

Please rate this student as to his/her character:

Outstanding \_\_\_\_\_      Above Average \_\_\_\_\_      Average \_\_\_\_\_

Based on your knowledge of this student, please indicate your perception of his/her need for financial assistance:

Definite Need \_\_\_\_\_      Possible Need \_\_\_\_\_      Questionable Need \_\_\_\_\_

**Please use the space provided for additional remarks and/or to explain any special circumstances the Scholarship Selection Committee should take into consideration (you may use additional paper if necessary):**

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**PLEASE REMEMBER TO ATTACH A TRANSCRIPT OF GRADES TO THIS FORM**

\_\_\_\_\_  
Printed Name of Counselor/Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counselor/Principal

\_\_\_\_\_  
School District and/or County