

**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**

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Printed Name of Counselor/Principal

Title

Date

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Signature of Counselor/Principal

School District and/or County